M06000002398

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
. PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





500082722185

12/26/06--01013--002 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEC 26 P 12:1

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BDG PORT ST. LUCIE, (Name of Li	LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
JODY GOLDBERG (Name of Person)	SECRETARY TALLAHASSE
WEISMAN, BRODIE, STARR & N (Firm/Company)	MARGOLIES, P.A. E. SUITE 270
2385 EXECUTIVE CENTER DRIVI	E, SUITE 270 를 등
(Address)	
BOCA RATON, FLORIDA 33431 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter	r, please call:
JODY GOLDBERG	at (561) 241-6336 EXT. 238
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations ∴ Clifton Building ✓ 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or oom, in the state of Piortau.	•
1. The name of the limited liability company is: E	BDG PORT ST. LUCIE, LLC
2. The mailing address of the limited liability com	pany is: 300 ROBBINS LANE, SYOSSEY, NY 11791
APRIL25, 2006	M000002398
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the
•	Mandel, Welsman, Helmberg & Brodle, P.A.
	lame
2101 Corporate Blvd	_
	Idress
Boca Raton, FL 334	l31 =
	ate and Zip
6. The name and address of the new registered ager	nt and/or office: ARE DE LEGISLATION
MARJORIE S. MARGOLIES, ESQ., of	lo Welaman, Brodie, atarr & Margollea, P.Kr. 20
Na	
2385 Executive Cent	er Drive, Suite 270
Florida street address (I	P.O. Box NOT acceptable)
Boca Raton, FL 33431 p	
City, Stat	e and Zip
of the members of the limited liability company or the operating agreement of the limited liability of	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited tange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Signature of a member or authorized representative of a member)	
JONATHAN E. COHEN .	
(Printed or typed name of signee)	
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address I hereby confirm that the limited liability of the confidence	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in different action as the different action as a change in the registered office ompany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)