

MO600006698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

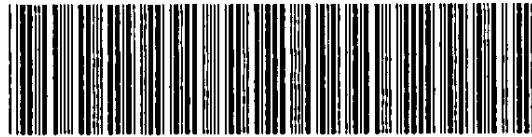
(Business Entity Name)

(Document Number)

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B. KOHR  
AUG -4 2010  
EXAMINER

10 AUG -4 PM 12:53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG -4 PM 12:53

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

anne.walker@mccormackbaron.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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.*

1. Name of the limited liability company: MBS GP 133, L.L.C.

2. (a) Principal office address of limited liability company: \_\_\_\_\_



**(Note: MUST BE STREET ADDRESS)**

720 Olive Street, Suite 2500,  
St. Louis, MO 63101

(b) Mailing address of limited liability company: \_\_\_\_\_



**(Note: MAY BE POST OFFICE BOX)**

720 Olive Street, Suite 2500,  
St. Louis, MO 63101

12/05/2006

M06000006698

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nichol McCroy  
Signature of a member or authorized representative of a member

Nichol McCroy, Member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

C T Corporation System

By:

Signature of Registered Agent

Rebecca Barth  
Rebecca Barth, Assistant Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** McCormack Baron Salazar, Inc. (the "Corporation"), a corporation incorporated under the laws of the state of Missouri and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint **Nichol McCroy and Sandy Gilliss, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.**

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation; and also the principal address, mailing address and business address, in any state, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Nichol McCroy and Sandy Gilliss shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 8<sup>th</sup> day of July 2010.

**MCCORMACK BARON SALAZAR, INC.,**  
a Missouri corporation

By: \_\_\_\_\_

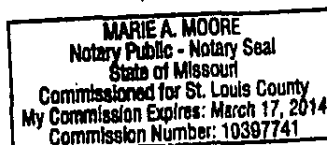
Hillary B. Zimmerman, Vice President

STATE OF MISSOURI    )  
                                  ) ss.  
CITY OF ST. LOUIS    )

On this 8<sup>th</sup> day of July 2010, before me, the undersigned Notary Public in and for said State, personally appeared Hillary B. Zimmerman, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me she executed the same in her authorized capacity and that by her signature on the instrument the entity upon behalf of which the she acted, executed this instrument.

Witness my hand and official seal.

Marie A. Moore  
Notary Public



My commission expires: **3/17/14**

Exhibit A

Brisben Florida I Limited Partnership  
Buchanan Bay, Ltd.  
Grand Savannah Club, Ltd.  
MBS Construction Services, Inc.  
MBS GP 19, L.L.C.  
MBS GP 22, L.L.C.  
MBS GP 32, L.L.C.  
MBS GP 39, L.L.C.  
MBS GP 124, L.L.C.  
MBS GP 125, L.L.C.  
MBS GP 133, L.L.C.  
MBS GP 176, L.L.C.  
MBS Scott Carver GP, LLC  
MBS-Saxon GP, L.L.C.  
McCormack Baron Salazar, Inc.  
Saxon Manor Isles Apartments Limited  
Partnership  
Scott Carver GP, Inc.  
Scott Carver IIA, Limited Partnership  
Scott Carver IIB, Limited Partnership  
Scott Carver IIC, Limited Partnership  
The Palms at Vero Beach Limited  
Partnership  
The Park at Palm Bay Limited  
Partnership  
Tierra Vista I Limited Partnership  
Urban Strategies, Inc.