

A07000000375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

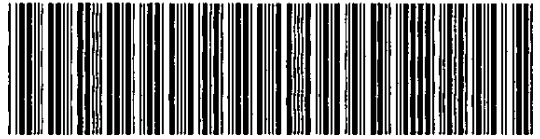
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
'AUG - 5 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BDPB Eagle Park, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000000375

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

Please return all correspondence concerning this matter to:

Tereese Filos
Contact Person
c/o Berkowitz, Dick, Pollack & Brant
Firm/Company
200 South Biscayne Blvd., 6th Floor
Address
Miami, FL 33131
City, State and Zip Code
tfilos@bdpb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tereese Filos at (305) 960-1269
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BDPB Eagle Park, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/27/2007
Date of filing/registration in Florida

3. A07000000375
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Larrea & Ortega
Name
150 Alhambra Circle
Address
Coral Gables, FL 33134
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Barry M. Brant
Name
200 South Biscayne Blvd., 6th Floor
Florida street address (P.O. Box not acceptable)
Miami, FL FL 33131
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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