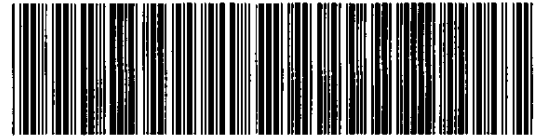


A98000000093



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06/07/10--01028--009 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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D. BRUCE

JUN 9 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BayBridge Home Lending, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A98000000093

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:

Natalia Dominguez, Office Manager  
Contact Person  
Berkowitz Dick Pollack & Brant  
Firm/Company  
200 S. Biscayne Blvd. 6th Floor  
Address  
Miami, FL 33131  
City, State and Zip Code  
ndominguez@bdpb.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Natalia Dominguez, Office Manager at ( 305 ) 960-1299  
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. BayBridge Home Lending, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/05/1998 3. A98000000093  
Date of filing/registration in Florida 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:

Schultz, Terrence A  
Name  
515 E Las Olas Blvd., 15th Floor  
Address  
Fort Lauderdale, FL 33301  
City, State and Zip

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

Greenberg, Adam L  
Name  
200 S. Biscayne Blvd. 6th Floor  
Florida street address (P.O. Box not acceptable)  
Miami FL 33131  
City, State and Zip

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

[Signature]  
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]  
Signature of Registered Agent

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

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