

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000010073

Entity Name: STS TECHNOLOGIES, LLC

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE, STE. 800
WEST PALM BEACH, FL 33401

Current Mailing Address:

777 SOUTH FLAGLER DRIVE, STE. 800
WEST PALM BEACH, FL 33401

New Principal Place of Business:

625 N. FLAGLER DRIVE
STE. 605
WEST PALM BEACH, FL 33401

New Mailing Address:

625 N. FLAGLER DRIVE
STE. 605
WEST PALM BEACH, FL 33401

FEI Number: 33-1049823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ
BRINKLEY, MCNERNEY, MORGAN, SOLOMON ET AL
200 EAST LAS OLAS BLVD., STE. 1900
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

KIRSCHNER, PETER
625 N. FLAGLER DRIVE
STE. 605
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER KIRSCHNER

01/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KIRSCHNER, PETER
Address: 625 N. FLAGLER DRIVE, STE. 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER KIRSCHNER

MGR

01/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date