

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000021694

FILED
Jan 12, 2006
Secretary of State

Entity Name: SAY HEY, LLC

Current Principal Place of Business:

11780 U.S. HIGHWAY #1, SUITE 300
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

660 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408

Current Mailing Address:

11780 U.S. HIGHWAY #1, SUITE 300
NORTH PALM BEACH, FL 33408

New Mailing Address:

6601 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408

FEI Number: 35-2228644 **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:

SCHNARE, JAMES H II
11780 U.S. HIGHWAY #1, SUITE 300
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

SCHNARE, JAMES H II
660 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408 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: JAMES H. SCHNARE, II, ESQ.

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMES, STEVEN
Address: 750 LEXINGTON AVE., 18TH FL
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN AMES

MGR

01/12/2006

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