

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000018690

Entity Name: ERRATA FLORIDA, LLC

FILED  
Oct 02, 2006  
Secretary of State

## Current Principal Place of Business:

LYFORD MANOR, LYFORD CAY  
WEST BAY STREET, P.O. BOX N-4918  
NASSAU, BAHAMAS,

## New Principal Place of Business:

LYFORD MANOR, LYFORD CAY  
WEST BAY STREET, P.O. BOX N-4918  
NASSAU, BS

## Current Mailing Address:

LYFORD MANOR, LYFORD CAY  
WEST BAY STREET, P.O. BOX N-4918  
NASSAU, BAHAMAS,

## New Mailing Address:

LYFORD MANOR, LYFORD CAY  
WEST BAY STREET, P.O. BOX N-4918  
NASSAU, BAHAMAS, BS

FEI Number: 20-2436311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LUKACS, ROBIN A  
1825 CORAL WAY  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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: ROBIN A. LUKACS

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COYLE, JAMES P  
Address: WEST BAY STREET, P.O. BOX N-4918  
City-St-Zip: NASSAU, BAHAMAS,

## 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: ROBIN A. LUKACS

RA

10/02/2006

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