

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 13, 2006  
Secretary of State**

DOCUMENT# L04000050504

Entity Name: 4040 IBIS ROAD, LLC

**Current Principal Place of Business:**

5803 MULBERRY DRIVE  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

7901 SW 6TH CT.  
120  
PLANTATION, FL 33324 US

**Current Mailing Address:**

5803 MULBERRY DRIVE  
TAMARAC, FL 33319 US

**New Mailing Address:**

7901 SW 6TH CT.  
120  
PLANTATION, FL 33324 US

FEI Number: 20-1341417      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:**

STEVENS, III, JOHN W  
3800 SOUTH OCEAN DRIVE  
SUITE 222  
HOLLYWOOD, FL 33019 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: JOHN W STEVENS III

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMRING, ELLIS  
Address: 5803 MULBERRY DRIVE  
City-St-Zip: TAMARAC, FL 33319 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RASABY, STEPHEN  
Address: 7901 SW 6TH CT. STE 120  
City-St-Zip: PLANTATION, FL 33324 US

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: STEPHEN RASABY

MR.

10/13/2006

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