

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000004196

FILED
Aug 13, 2009
Secretary of State

Entity Name: INFRASTRUCTURE INVESTMENTS, LLC

Current Principal Place of Business:

5355 TOWN CENTER ROAD, SUITE 1105
BOCA RATON, FL 33486

New Principal Place of Business:

5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON, FL 33486

Current Mailing Address:

5355 TOWN CENTER ROAD, SUITE 1105
BOCA RATON, FL 33486

New Mailing Address:

5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON, FL 33486

FEI Number: 65-0998372 **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:

ZAPPITELL, DAVID J
5355 TOWN CENTER ROAD, SUITE 1105
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ZAPPITELL, DAVID J
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON, FL 33486 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: DAVID J. ZAPPITELL

08/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZAPPITELL, DAVID J
Address: 5355 TOWN CENTER RD. SUITE 1105
City-St-Zip: BOCA RATON, FL 33486

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 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: DAVID J. ZAPPITELL

MGR

08/13/2009

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