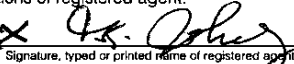
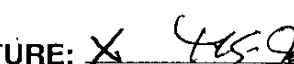


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 29 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                               |                                                                                       |                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L00000005008</b><br>1. Entity Name<br>BETH-ERIC, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                               |                                                                                       |                                                                                                                                       |  |
| Principal Place of Business<br>2745 E OAKLAND PARK BLVD<br>SUITE 200<br>FORT LAUDERDALE, FL 33306                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                               | Mailing Address<br>2745 E OAKLAND PARK BLVD<br>SUITE 200<br>FORT LAUDERDALE, FL 33306 |                                                                                                                                                                                                                        |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                       |                                                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            | City & State                                  |                                                                                       |                                                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                    | Zip                                           | Country                                                                               | 4. FEI Number<br>65-1069746                                                                                                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                               |                                                                                       | Applied For<br>Not Applicable                                                                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br>JOHASKY, THOMAS<br>% MANAGEMENT RECRUITERS<br>1700 EAST LAS OLAS BOULEVARD, PENTHOUSE 5<br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                               |                                                                                       | 7. Name and Address of New Registered Agent<br><br>Name<br>JOHASKY, THOMAS<br>Street Address (P.O. Box Number is Not Acceptable)<br>2745 E OAKLAND PARK BLVD SUITE 200<br>City<br>FORT LAUDERDALE FL Zip Code<br>33306 |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  T.K. JOHASKY 11-18-04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                                                                            |                                               |                                                                                       |                                                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$200.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                               | Make check payable to<br>Florida Department of State                                  |                                                                                                                                                                                                                        |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                               | 10. ADDITIONS/CHANGES                                                                 |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM<br>JOHASKY, THOMAS<br>2745 E OAKLAND PARK BLVD SUITE 200<br>FORT LAUDERDALE, FL 33306 |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | 500043047005<br>11/29/04--01070--002 **150.00                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  T.K. JOHASKY 11-18-04 954-958-0255<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                    |                                                                                            |                                               |                                                                                       |                                                                                                                                                                                                                        |  |

REINSTATEMENT 04