

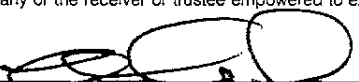


**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000011373</b>			
1. Entity Name <b>DUNDEE ENTERPRISES, LLC</b>			
Principal Place of Business <b>10525 GANDY BLVD ST PETERSBURG, FL 33702</b>		Mailing Address <b>502 N. ARMENIA AVE. TAMPA, FL 33609</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>59-3702946</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KOEHLER, KEITH W KOEHLER &amp; CO. 502 NORTH ARMENIA AVENUE TAMPA, FL 33609</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 10525 GANDY BLVD ST PETERSBURG, FL 33702		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>ARAM GULUZIAN</b> 4/20/06 727 579-8445			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	