

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000014927

FILED
Dec 02, 2004
Secretary of State

Entity Name: WONDERLAND MANAGEMENT, LLC

Current Principal Place of Business:

310 N. SWINTON AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

955 NW 17TH AVENUE
BLDG. A
DELRAY BEACH, FL 33445

Current Mailing Address:

310 N. SWINTON AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

955 NW 17TH AVENUE
BLDG. A
DELRAY BEACH, FL 33445

FEI Number: 36-4406793 **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:

BAGLIORE, ALAN
310 N. SWINTON AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

BAGLIORE, ALAN
955 NW 17TH AVENUE
BLDG. A
DELRAY BEACH, FL 33445 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: ALAN BAGLIORE

12/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BAGLIORE, ALAN
Address: 310 N. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAGLIORE, ALAN
Address: 955 NW 17TH AVENUE, BLDG. A
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN BAGLIORE

MGRM

12/02/2004

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