

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000003396

Entity Name: S.I. DEVELOPMENT, L.L.C.

FILED
Oct 23, 2006
Secretary of State

Current Principal Place of Business:

1455 HOLLY HEIGHTS DRIVE
UNIT #19
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

419 N. WASHINGTON AVE.
TITUSVILLE, FL 32796 US

Current Mailing Address:

1455 HOLLY HEIGHTS DRIVE
UNIT #19
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

419 N. WASHINGTON AVE.
TITUSVILLE, FL 32796 US

FEI Number: 65-1110411 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:

OTTENS, ERIC
1001 SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

REMY, ULLRICH
419 N. WASHINGTON AVE.
TITUSVILLE, FL 32796 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: ULLRICH REMY

10/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REMY, ULLRICH
Address: 1455 HOLLY HEIGHTS DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REMY, ULLRICH
Address: 419 N. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32796

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: ULLRICH REMY

MGR

10/23/2006

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