

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000004243

Entity Name: MORGANEPHOTO L.L.C.

FILED
Dec 05, 2006
Secretary of State

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 DOUGLAS ROAD, #1100
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

2600 DOUGLAS ROAD, #1100
CORAL GABLES, FL 33134

FEI Number: 65-1088297 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:

GURIAN, JORGE
2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2600 DOUGLAS ROAD, #1100
CORAL GABLES, FL 33134 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: JORGE GURIAN

12/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAIGNEL, ERIC
Address: 2100 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAIGNEL, ERIC
Address: 2600 DOUGLAS ROAD, #1100
City-St-Zip: CORAL GABLES, FL 33134

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: ERIC LAIGNEL

MGRM

12/05/2006

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