

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000008003

FILED
Nov 06, 2007
Secretary of State

Entity Name: AFFILIATED PET SYSTEMS, L.L.C.

Current Principal Place of Business:

9711 MEDICAL CENTER DR. SUITE 103
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

9711 MEDICAL CENTER DR. SUITE 103
ROCKVILLE, MD 20850

New Mailing Address:

1400 FOREST GLEN ROAD
SUITE 430
SILVER SPRING, MD 20910

FEI Number: 52-2294497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, JOSEPH
CYPRESS PARTNERS, LLC
116 INTRACOASTAL POINTE DRIVE STE 300
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: JOSEPH PAUL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRICE, STAN
Address: 2316 WINDSOR RD.
City-St-Zip: ALEXANDRIA, VA 22307

Title: MGR () Delete
Name: GOFFMAN, JEFFREY A
Address: 630 RAMONA DR.
City-St-Zip: CORONA DEL MAR, CA 92625

Title: MGR () Delete
Name: PAUL, JOSEPH A
Address: 8741 SOMERSET ISLAND WAY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH PAUL

MGR

11/06/2007

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