

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000008875

Entity Name: DOUGLAS C. GREEN, LLC

FILED
Nov 16, 2006
Secretary of State

Current Principal Place of Business:

433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

New Principal Place of Business:

601 S. FEDERAL HWY
SUITE 301
BOCA RATON, FL 33432

Current Mailing Address:

433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

New Mailing Address:

601 S. FEDERAL HWY
SUITE 301
BOCA RATON, FL 33432

FEI Number: 65-1114449 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:

GREEN, DOUGLAS C
433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GREEN, DOUGLAS C
601 S. FEDERAL HWY
SUITE 301
BOCA RATON, FL 33432 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: DOUGLAS C. GREEN

11/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GREEN, DOUGLAS C
Address: 2848 N.E. 32ND STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GREEN, DOUGLAS C
Address: 3317 N.E. 30TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: DOUGLAS C. GREEN

MANA

11/16/2006

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