2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# L02000008357

Entity Name: HOLLYWOOD ISLAND PROFESSIONAL LLC

Current Principal Place of Business:

1610 SEAGRAPE WAY
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1610 SEAGRAPE WAY
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 47-0860358 **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:

ULFARSSON, OLGA
1610 SEAGRAPE WAY
HOLLYWOOD, FL 33019 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: OLGA ULFARSSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	VP	( ) Delete
Name:	ULFARSSON, JACOB	
Address:	1610 SEAGRAPE WAY	
City-St-Zip:	HOLLYWOOD, FL 33019	
Title:	P	( ) Delete
Name:	ULFARSSON, OLGA	
Address:	1610 SEAGRAPE WAY	
City-St-Zip:	HOLLYWOOD, FL 33019	
Title:	MGR	( ) Delete
Name:	ULFARSSON, OLAF	
Address:	1610 SEAGRAPE WAY	
City-St-Zip:	HOLLYWOOD, FL 33019	

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 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: JAKOB ULFARSSON VP 10/07/2005

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