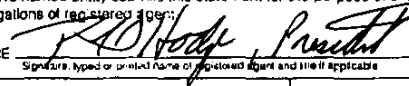
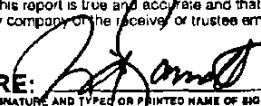


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000023985			
1. Entity Name SILVERLIGHT HOLDING L.L.C.		06 OCT 18 AM 9:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business STE. 302, EAST BLDG., #34/20, CUBA AVE. & 34TH STREET, PANAMA 5 REPUBLIC OF PANAMA, XX		Mailing Address 1220 N. MARKET STREET, SUITE 808 WILMINGTON, DE 19801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA FILING & SEARCH SERVICES, INC. 4333 DUVAL STREET TALLAHASSEE, FL 32303		Name Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive, Suite A City Tallahassee FL Zip Code 32301	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 10/18/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EURO-AMEX EXCHANGE, INC. STE. 302 E. BLDG. #34/20, CUBA AVE. & 34TH PANAMA CITY 5, PANAMA, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATURN INVESTMENT GROUP, S.A. STE. 302 E. BLDG. #34/20, CUBA AVE. & 34TH PANAMA CITY 5, PANAMA, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080972239 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.			
SIGNATURE: 		Attorney-In-Fact of Member 10/18/06 302-421-5752	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

L0200023985

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-18-06

NAME: SILVERLIGHT HOLDING L.L.C.

BK

TYPE OF FILING: REINSTATMENT

COST: \$150

BK

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RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

[Signature]

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TALLAHASSEE, FLORIDA
