2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 07, 2005
Secretary of State

DOCUMENT# L02000031098

Entity Name: SPACE OP 02 LLC

Current Principal Place of Business:

7491 W OAKLAND PARK BOULEVARD STE. 100
LAUDERHILL, FL 33319

New Principal Place of Business:

5055 COLLINS AVE
#3C
MIAMI BEACH, FL 33140

Current Mailing Address:

7491 W OAKLAND PARK BOULEVARD STE. 100
LAUDERHILL, FL 33319

New Mailing Address:

5055 COLLINS AVE
#3C
MIAMI BEACH, FL 33140

FEI Number: 30-0129052 **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:

SAFIR, MOSHE
7491 W OAKLAND PARK BOULEVARD STE. 100
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

SAFIR, MOSHE
5055 COLLINS AVE
#3C
MIAMI BEACH, FL 33140 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: MOSHE SAFIR 11/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SAFIR, MOSHE
Address: 7491 W OAKLAND PARK BOULEVARD STE. 100
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SAFIR, MOSHE
Address: 5055 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

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: MOSHE SAFIR MGR 11/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date