2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# L03000003522

Entity Name: ROK, LLC

Current Principal Place of Business:

200 S. BISCAYNE BLVD., SUITE 1880
C/O DAVID GOLDSTEIN
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD., SUITE 1880
C/O DAVID GOLDSTEIN
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0018884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID M
200 S. BISCAYNE BLVD., SUITE 1880
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CAAN, ROBERTO
Address: 200 S. BISCAYNE BLVD., SUITE 1880
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: SYLVESTER, PHILLIP
Address: 440 S LASALLE
City-St-Zip: CHICAGO, IL 60605 US

Title: MGRM ( ) Change (X) Addition
Name: LOWRANCE, JONAS
Address: 215 W ILLINOIS
City-St-Zip: CHICAGO, IL 60610 US

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: PHIL SYLVESTER MGRM 10/22/2004

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