2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000020943

RUBLER, NEIL

110 EAST 59TH ST

NEW YORK, NY 10022

Name:

Address:

City-St-Zip:

Entity Name: ROC-LAKEWORTH ASSOCIATES, LLC

FILED Oct 09, 2006 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
C/O THE OLNICK ORGANIZATION, INC. 110 EAST 59TH ST. NEW YORK, NY 10022		110 EAST 59TH ST.	C/O THE OLNICK ORGANIZATION, INC. 110 EAST 59TH ST 20TH FLOOR NEW YORK, NY 10022	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
C/O THE OLNICK ORGANIZATION, INC. 110 EAST 59TH ST. NEW YORK, NY 10022		110 EAST 59TH ST.	C/O THE OLNICK ORGANIZATION, INC. 110 EAST 59TH ST 20TH FLOOR NEW YORK, NY 10022	
In accordan	: 20-0587118 FEI Number Applied For ice with s. 607.193(2)(b), F.S., the limited liabi I Address of Current Registered Age	lity company did not receive the prior noti	Certificate of Status Desired () ce. of New Registered Agent:	
1200 SOU PLANTATI	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 US e named entity submits this statement for	or the nurnose of changing its register	red office or registered agent, or both	
	e of Florida.	it the purpose of changing its register	ed office of registered agent, or both	
SIGNATUI	RE: DONNA MOCH			
	Electronic Signature of Register	ed Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete SIMON, BRUCE 110 EAST 59TH ST NEW YORK, NY 10022	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete LANE, RICHARD S 110 EAST 59TH ST NEW YORK, NY 10022	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE SIMON MGR 10/09/2006