

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000031844

Entity Name: DDOFC AFFILIATES LLC

FILED
Jul 17, 2006
Secretary of State

Current Principal Place of Business:

5730 LINTON BLVD
SUITE B-3
BOCA RATON, FL 33464 US

Current Mailing Address:

5730 LINTON BLVD
SUITE B-3
BOCA RATON, FL 33464 US

New Principal Place of Business:

5130 LINTON BLVD
SUITE B-3
DELRAY BEACH, FL 33464 US

New Mailing Address:

5130 LINTON BLVD
SUITE B-3
DELRAY BEACH, FL 33464 US

FEI Number: 68-0563936 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:

CURTIS, LONNIE L
5130 LINTON BLVD SUITE B-3
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

ORENSTEIN, LOU
5130 LINTON BLVD SUITE B-3
DELRAY BEACH, FL 33484 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: LOUIS ORENSTEIN

07/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CURTIS, LONNIE L
Address: 5130 LINTON BLVD ST. B-3
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GERSHMAN, JONATHAN W
Address: 2610 NE 48TH COURT
City-St-Zip: LIGHT HOUSE PT, FL 33064 US

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.

SIGNATURE: JONATHAN GERSHMAN

VP

07/17/2006

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