

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000043966

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** KNOWLEDGE PROTECTION CORPORATION, LLC

**Current Principal Place of Business:**

101 MADEIRA AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

1111 BRICKELL AVENUE  
SUITE 1100  
MIAMI, FL 33131 US

**Current Mailing Address:**

101 MADEIRA AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

1111 BRICKELL AVENUE  
SUITE 1100  
MIAMI, FL 33131 US

**FEI Number:** **FEI Number Applied For (X)** **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:**

XIQUES, ALBERT J  
101 MADEIRA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

STERN, RYAN  
1111 BRICKELL AVENUE  
#1100  
MIAMI, FL 33131 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: RYAN STERN

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SCHAER, ERIC  
Address: 1111 BRICKELL AVENUE, #1100  
City-St-Zip: MIAMI, FL 33131

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: ERIC SCHAER

MGRM

04/29/2005

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