

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Feb 07, 2006
Secretary of State**

DOCUMENT# L04000001196

Entity Name: FORDYCE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

150 S PINE ISLAND RD, STE 130
PLANTATION, FL 33324

New Principal Place of Business:

150 SOUTH PINE ISLAND ROAD
SUITE 330
PLANTATION, FL 33324

Current Mailing Address:

150 S PINE ISLAND RD, STE 130
PLANTATION, FL 33324

New Mailing Address:

150 SOUTH PINE ISLAND ROAD
SUITE 330
PLANTATION, FL 33324

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

RICHARD M. MOGERMAN, P.A.
150 S PINE ISLAND RD, STE 130
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

RICHARD M. MOGERMAN, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 330
PLANTATION, FL 33324 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: RICHARD M. MOGERMAN

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FORDYCE, CHRISTOPHER L
Address: 150 SOUTH PINE ISLAND ROAD, SUITE 330
City-St-Zip: PLANTATION, FL 33324 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: CHRISTOPHER LEE FORDYCE

MGRM

02/07/2006

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