

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000011270

FILED
Feb 10, 2006
Secretary of State

Entity Name: LAW OFFICES OF GREGORY M. OCHALEK, P.L.L.C.

Current Principal Place of Business:

1108 KANE CONCOURSE, STE 201
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

600 BRICKELL AVENUE
SUITE 200-D
MIAMI, FL 33131

Current Mailing Address:

1108 KANE CONCOURSE, STE 201
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

600 BRICKELL AVENUE
SUITE 200-D
MIAMI, FL 33131

FEI Number: 61-1466255 **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:

OCHALEK, GREGORY M
1108 KANE CONCOURSE, STE 201
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

OCHALEK, GREGORY M
600 BRICKELL AVENUE
SUITE 200-D
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: GREGORY M. OCHALEK

02/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: OCHALEK, GREGORY M
Address: 600 BRICKELL AVENUE, SUITE 200-D
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 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: GREGORY M. OCHALEK

MGRM

02/10/2006

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