

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000022495

Entity Name: ALEXANDERSUTTON L.L.C.

FILED
Jan 21, 2006
Secretary of State

Current Principal Place of Business:

17011 NORTH BAY ROAD, SUITE 702
MIAMI BEACH, FL 331603632

New Principal Place of Business:

1850 SOUTH OCEAN DRIVE
1502
HALLANDALE, FL 33009

Current Mailing Address:

17011 NORTH BAY ROAD, SUITE 702
MIAMI BEACH, FL 331603632

New Mailing Address:

1850 SOUTH DRIVE
1502
HALLANDALE, FL 33009

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:

UTLEY, STEVE
17011 NORTH BAY ROAD, SUITE 702
MIAMI BEACH, FL 331603632 US

Name and Address of New Registered Agent:

UTLEY, STEVE
1850 SOUTH OCEAN DRIVE
1502
HALLANDALE, FL 33009 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: STEVE UTLEY

01/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UTLEY, STEVE
Address: 17011 NORTH BAY ROAD, SUITE 702
City-St-Zip: MIAMI BEACH, FL 331603632

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UTLEY, STEVE
Address: 1850 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL 33009

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: STEVE UTLEY

MGRM

01/21/2006

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