2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# L04000031873

Entity Name: OLIVIERI MANAGEMENT L.L.C.

Current Principal Place of Business:

4951 SADDLE OAK TRAIL
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

4951 SADDLE OAK TRAIL
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 75-3153370 **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:

OLIVIERI, WILLIAM M
4951 SADDLE OAK TRAIL
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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: WILLIAM M. OLIVIERI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OLIVIERI, WILLIAM M
Address: P.O. BOX 812275
City-St-Zip: BOCA RATON, FL 33481

Title: MGRM ( ) Delete
Name: OLIVIERI, PETER
Address: P.O. BOX 812275
City-St-Zip: BOCA RATON, FL 33481

Title: MGRM ( ) Delete
Name: OLIVIERI, DAVID A
Address: P.O. BOX 812275
City-St-Zip: BOCA RATON, FL 33481

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OLIVIERI, WILLIAM M
Address: 4951 SADDLE OAK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: MGRM (X) Change ( ) Addition
Name: OLIVIERI, PETER
Address: 4951 SADDLE OAK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: MGRM (X) Change ( ) Addition
Name: OLIVIERI, DAVID A
Address: 4951 SADDLE OAK TRAIL
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM M . OLIVIERI MGRN 10/16/2007

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