SECRETARY OF STATE DIVISION OF CORPORATIONS 2005 LIMITED LIABILITY COMPANY REINSTATEMENT **DOCUMENT # L04000032175** 06 APR -7 AM 10: 09 1. Entity Name MINNIEAR HOLDINGS, LLC

Pencipal Piace of Business 6001 BROKEN SOUND PIRKWAY, SABRE CENTER II 6002 Ration FL 33431 Cuts 611 A FEB Number 6002 Ration FL 33431 Cuts 7 Name and Address of Sasus Desired 6003 BROKEN SOUND PIRKWAY, SABRE CENTER II 6001 BROKEN SOUND PIRKWAY, SABRE CENTER II 6001 BROKEN SOUND PIRKWAY, SABRE CENTER II 6002 RATION FL 33467 FELE NOWIN FEE IS 550.00 61361 AGENT PIL 33431 613 AGENT PIL 33431 613 AGENT PIL 33431 614 A FED Number II No Acceptation 6001 BROKEN SOUND PIRKWAY, SABRE CENTER II 6003 BROKEN SOUND PIRKWAY, SABRE CENTER II 6004 BROKEN SOUND PIRKWAY, SABRE CENTER II 6005 BROKEN SOUND PIRKWAY, SABRE CENTER II 6006 BROKEN SOUND PIRKWAY, SABRE CENTER II 6007 BROKEN SOUND PIRKWAY, SABRE CENTER II 6008 BROKEN SOUND PIRKWAY, SABRE CENTER II 6009 BR						/	05		
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ELKIN, PAUL 6001 BROKEN SOUND PARKWAY, SABRE CENTER II 8. The above named entity submits this staggment for the purpose of changing its registered office or registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered. Specific process of the purpose of changing its registered office or registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered. Specific process of the application of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigations of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigation of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigation of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigation of registered agent, or both, in the State of Broids. I am familiar with, and accept the citigation of registered agent, or both, and accept the citigation of registered agent, or both, and accept the citigation of registered agent, or both, and accept the citigation of registered agent, or both, and accept the citigation of registered agent, or both, and accept the citigation of registered agent, or both, and accept the citigation of registered agent accept the citigation of registered agent accept the accept the citigation of registered agent				• .	5. Certifica	te of Status Desired			
ELKIN, PAUL Street, Address (P.O. Box Number is lot In Acceptable) City BOCA RATON FL 2*33431 8. 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. I am familiar with, and accept the colligations of registered types and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior notice. FILE NOWITI FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 In accordance with s. 607, 193(2)(b), F. S., the limited in the proposed prior in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the proposed prior in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the proposed prior in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the proposed prior in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the proposed prior in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(2)(b), F. S., the limited in the prior notice. In accordance with s. 607, 193(6. Name and Address of Current	Registered Agent		7. Name ar	d Address of New Registere	d Agent		
SITURE MANAGING MEMBERS/MANAGERS STREET ADDRESS CHT. ST. 28 Change	FIKIN PAU								
B. 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. I am familiar with, and accept the obligations of registered agent agent are of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept agent or preference in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept agent of the obligations of registered agent or preference in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept agent or preference in the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept agent or preference in the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept agent or preference in the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept agent or preference in the purpose of Florida Department of State agent	6001 BROKEN SOUND PARKWAY, SAB		RE CENTER II Street Address (P		ddress (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
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FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR MINNIEAR, EDWARD O. JR. STREET ADDRESS OITY-ST-ZIP MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM MINNIEAR, EDWARD O. JR. STREET ADDRESS OITY-ST-ZIP MORA MANAE STREET ADDRESS OITY-ST-ZIP MANAE STREET ADDRESS OITY-ST-ZIP TITLE MANAE STREET ADDRESS OITY-ST-ZIP MANAE STREET ADDRESS OITY-ST-ZIP TITLE MANAE STREET ADDRESS OITY-ST-ZIP TITLE MANAE STREET ADDRESS OITY-ST-ZIP MANAE STREET ADDRESS OITY-ST-ZIP TITLE MANAE STREET ADDRESS OITY-ST-ZIP	8. The above the obligat	e named entity submits this statement for tions of registered and the	r the purpose of changing its re	agistered office o	r registered agent, or b			ρt	
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Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam-armanaging member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Bratules.

3/24/06 SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEM MANAG OR AUTHORIZED REPRESENTATIVE Date