

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000034153

Entity Name: 2500 WILTON DRIVE, LLC

**FILED**  
**Jun 05, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2500 WILTON DRIVE  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

2364 WILTON DRIVE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2500 WILTON DRIVE  
WILTON MANORS, FL 33305

**New Mailing Address:**

2364 WILTON DRIVE  
WILTON MANORS, FL 33305

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:**

SINGER, BERNARD A ESQ  
3107 STIRLING ROAD, SUITE 105  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

CAVE, ANNETTE M  
2364 WILTON DRIVE  
WILTON MANORS, FL 33305 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: ANNETTE CAVE

06/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: SOLE ( ) Change (X) Addition  
Name: CAVE, ANNETTE M SOLE ME  
Address: 2364 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305 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: ANNETTE CAVE

SOLE

06/05/2006

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