

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000035825

Entity Name: 2000 S. ANDREWS, LLC

FILED
Jan 15, 2006
Secretary of State

Current Principal Place of Business:

2000 S. ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

2000 S. ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

508 SW 5TH AVENUE
FORT LAUDERDALE, FL 33315 US

FEI Number: 34-2023200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

COON, THOMAS T JR.
888 S. ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

PARKER, SASHA S
508 SW 5TH AVENUE
FORT LAUDERDALE, FL 33315 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: SASHA PARKER

01/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARKER, SASHA
Address: 2000 S. ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PARKER, PETER J
Address: 930 SW 28TH STREET; APT 2
City-St-Zip: FORT LAUDERDALE, FL 33315

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: SASHA PARKER

ED

01/15/2006

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