

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000039391

Entity Name: SUROVEK PROPERTIES, LLC

FILED
Oct 17, 2005
Secretary of State

Current Principal Place of Business:

349 WORTH AVE
PALM BEACH, FL 334804671

New Principal Place of Business:

349 WORTH AVE
8 VIA PARGIA
PALM BEACH, FL 334804671

Current Mailing Address:

349 WORTH AVE
PALM BEACH, FL 334804671

New Mailing Address:

349 WORTH AVE
8 VIA PARIGI
PALM BEACH, FL 334804671

FEI Number: 65-0375378 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:

BARNETT, CHARLES D
8412 NATIVE DANCER RD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

SUROVEK, JOHN H
349 WORTH AVENUE
8 VIA PARIGI
PALM BEACH, FL 33480 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: JOHN H SUROVEK

10/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUROVEK, JOHN
Address: 349 WORTH AVE
City-St-Zip: PALM BEACH, FL 334804671

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUROVEK, JOHN H
Address: 349 WORTH AVE, 8 VIA PARIGI
City-St-Zip: PALM BEACH, FL 334804671

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN H SUROVEK

MGRM

10/17/2005

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