

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:49

<b>DOCUMENT # L04000041751</b>					
<b>1. Entity Name</b> GRAHAM CAPITAL INVESTMENTS, LLC					
<b>Principal Place of Business</b> 18044 NW 6TH ST SUITE 104 PEMBROKE PINES, FL 33029			<b>Mailing Address</b> 18044 NW 6TH ST SUITE 104 PEMBROKE PINES, FL 33029		
<b>2. Principal Place of Business</b> <i>12072 Miramar Parkway</i> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <i>12072 Miramar Parkway</i> Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Miramar, FL</i>		<b>City &amp; State</b> <i>Miramar, FL</i>		<b>4. FEI Number</b> 20-1302053	
<b>Zip</b> <i>33025</i>		<b>Country</b> <i>USA</i>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRAHAM, ALVA 8910 MIRAMAR PARKWAY SUITE 307 MIRAMAR, FL 33025			<b>7. Name and Address of New Registered Agent</b> Name: <i>ALVA Graham</i> Street Address (P.O. Box Number is Not Acceptable): <i>12072 Miramar Parkway</i> City: <i>Miramar</i> <b>FL</b> Zip Code: <i>33025</i>		
<b>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 obligations of registered agent.</b>					
SIGNATURE: <span style="float: right;">DATE: _____</span>					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, JOHN 8910 MIRAMAR PARKWAY STE 307 MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, ALVA 8910 MIRAMAR PARKWAY, STE 307 MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Graham, ALVA 12072 Miramar Parkway Miramar, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200077728802 07/19/06--01047--010 ***155.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
SIGNATURE: <span style="float: right;">Date: <i>July 8, 2006</i> Daytime Phone #: _____</span>					