2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 13, 2008
Secretary of State

DOCUMENT# L04000041890

Entity Name: AITCHESON & FORDE, L.L.C

Current Principal Place of Business:

4141 NW 5TH STREET,
100
PLANTATION, FL 333172158 US

New Principal Place of Business:

Current Mailing Address:

4141 NW 5TH STREET,
100
PLANTATION, FL 333172158 US

New Mailing Address:

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:

M A AITCHESON & ASSOCIATES, INC.
4141 NW 5TH STREET,
100
PLANTATION, FL 333172158 US

Name and Address of New Registered Agent:

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: MICHAEL AITCHESON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AITCHESON, MICHAEL A
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL 333172158

Title: M ( ) Delete
Name: FORDE, LIONEL
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL 333172158

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: FORDE, LIONEL
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL 333172158

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL AITCHESON MGRM 11/13/2008

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