## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000046301

Entity Name: SOUTHCHASE COMMERCE CENTER, L.L.C.

**FILED** Nov 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

101 NORTH WOODLAND BLVD. 1701 PONCE DE LEON BLVD DELAND, FL 32790

200

CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

101 NORTH WOODLAND BLVD. 1701 PONCE DE LEON BLVD DELAND, FL 32790 200

CORAL GABLES, FL 33134

FEI Number: 43-2081753 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: Name and Address of New Registered Agent:

LYLEN, IAN J POLLER, NEALE J C/O KÓRSHAK & ASSOCIATES 550 BILTMORE WAY 2345 SAND LAKE ROAD, SUITE 120-B 700

ORLANDO, FL 32809 US CORAL GABLES, FL 33134 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: NEALE J POLLER 11/21/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition

ANTONUCCI, JAMES VANTAGE PLUS CORP. Name: Name: Address: 101 NORTH WOODLAND BLVD. Address: 10830 SW 113TH PLACE City-St-Zip: **DELAND, FL 32790** City-St-Zip: MIAMI, FL 33176

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: CLAUDIA E GARCIA, PRESIDENT **MGRM** 11/21/2005