

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 AM 11:21

DOCUMENT # L04000046538

1. Entity Name
CHANG INVESTMENTS, LLC



Principal Place of Business

861 N. W. 85TH TERRACE
1808
PLANTATION, FL 33324

Mailing Address

861 N. W. 85TH TERRACE
1808
PLANTATION, FL 33324

2. Principal Place of Business

711 N. PINE ISLAND RD.

3. Mailing Address

711 N. PINE ISLAND RD.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

10042005 REIN-LLC CR2E101 (6/04)

4. FEI Number

54-2154830

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROUSILLAT, KEVIN
8358 WEST OAKLAND PARK BLVD.
SUITE 300
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/05

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GOMEZ, NICOLAS
STREET ADDRESS 861 N. W. 85TH TERRACE, # 1808
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 711 N. PINE ISLAND RD., # 201
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/1/05