2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# L04000046792

Entity Name: COGNITIVE SOLUTIONS, L.L.C.

Current Principal Place of Business:

4585 - 140TH AVENUE N.
SUITE 1012
CLEARWATER, FL 33762 US

New Principal Place of Business:

4500 - 140TH AVENUE N.
SUITE 221
CLEARWATER, FL 33762 US

Current Mailing Address:

4585 - 140TH AVENUE N.
SUITE 1012
CLEARWATER, FL 33762 US

New Mailing Address:

4500 - 140TH AVENUE N.
SUITE 221
CLEARWATER, FL 33762 US

FEI Number: 76-0781763 **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:

SWOPE, SCOTT P J.D.
2450 SUNSET POINT ROAD
SUITE D
CLEARWATER, FL 33765 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: SCOTT P SWOPE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHESTER, JAMES
Address: 4585 - 140TH AVENUE N., SUITE 1012
City-St-Zip: CLEARWATER, FL 33765 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHESTER, JAMES
Address: 4500 - 140TH AVENUE N., SUITE 221
City-St-Zip: CLEARWATER, FL 33762 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES CHESTER MGRM 01/24/2006

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