



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000057831 1. Entity Name SOUTH OCEAN DRIVE, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT -3 AM 10:10	
Principal Place of Business C/O PARAMOUNT STRATEGY CORP. POB 3200 SMB, 5TH FL, ZEPHYR HSE, MARY ST. GRAND CAYMAN, CAYMAN ISLANDS, XX				Mailing Address C/O PARAMOUNT STRATEGY CORP. POB 3200 SMB, 5TH FL, ZEPHYR HSE, MARY ST. GRAND CAYMAN, CAYMAN ISLANDS, XX			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Joshua G. Gerstin, esq			
				Street Address (P.O. Box Number is Not Acceptable) Gerstin + Associates			
				1499 W. Palmetto Park Road, Suite 412			
				City Boca Raton FL Zip Code 33486			
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 _____ DATE 9/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRECISE PROPERTIES INC. BARKER CHAMBERS, POB 92, ROAD TOWN TORTOLA, BR. VIRGIN ISLANDS, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060185626 10/03/05--01053--014 **50.00		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		
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: _____				DATE: 9/28/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #			