2005 LIMITED LIABILITY COMPANY

REINSTATEMENT						DIVISION FRY DESCRIPTION			
DOCUMENT # L0400062765 1. Entity Name PROFESSIONAL EQUITY LLC						05 DEC -2	ORATION AM 8:51	'S	
Principal Plac		Mailing Address							
11575 US 1, North Paln	SUITE 25 I BEACH, FL 33408	11575 US 1, SUITE 25 North Palm Beach, FL 33408				! 88% 8/8% 88# 88# 88# 8			
2. Principal Place of Business 112.31 US Suile, AoI. #, etc.		3. Mailing Address 1/2-31 VS/ Suits, Apt. #, etc.							
Sut 109		Sute 109			11152005	REIN-LLC	CR2E101 (6/04)		
N. Pal	m Beach FL	N. Palm Beach FL			4. FEI Numb	304611		plied For t Applicable	
3340		39408	PE	3	5. Certificate	of Status Desired	55.00 Add Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Reg	istered Agent		
KLEIN, TED 88 N.E. 168 STREET NORTH MIAMI BEACH, FL 33164 Sep 3ddress of Box Numb post Acceptable) By Doute 104 FL 232334 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept									
the obligations of registered agent. SIGNATURE TED KLEIN Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)									
After Janu	E NOW!!! FEE IS \$150.00 ary 1, 2006, Fee will be \$200.00						check payable to lepartment of State		
9.	MANAGING MEMBER	·····	10.	TAU	16R	ADDITIONS/CH			
NAME STREET ADDRESS CITY-ST-ZIP	STORM, STELLA 11575 US 1, SUITE 25 NORTH PALM BEACH, FL 33408	□ Delele B	NAME	T ADDRESS	Storm, Stella 1/23/ US/ V. Palm Bea	#199 .ch FL 334	, ⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	11 12/0	000618 2/0501029-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CHY-ST-ZIP		□ Defete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TIPLE NAME STREET ADDRESS CITY_ST-ZIP		☐ Delete	FITLE NAME STREET CITY-S		REIXST	ATEME	NT 2w	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: Stelly Storm Name 11/28/05 S61-244-4592 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Dayline Phone #									