

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000067518

Entity Name: G C S HOLDINGS, LLC

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

925 SOUTH FEDERAL HIGHWAY
SUITE 125
BOCA RATON, FL 33432

New Principal Place of Business:

9001 LINTON BLVD
SUITE 200
DELRAY BEACH, FL 33465

Current Mailing Address:

925 SOUTH FEDERAL HIGHWAY
SUITE 125
BOCA RATON, FL 33432

New Mailing Address:

PO BOX 3858
LANTANA, FL 33465

FEI Number: 20-1618519 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

KRAMER GREEN ZUCKERMAN GREEN & BUCHSBAUM
4000 HOLLYWOOD BLVD
SUITE 485
HOLLYWOOD, FL 33021 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: MITCH GREENE

05/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMOLEV, IRA
Address: 925 SOUTH FEDERAL HIGHWAY, SUITE 125
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMOLEV, IRA
Address: PO BOX 3858
City-St-Zip: LANTANA, FL 33465

I hereby certify that the information supplied with this filing does not qualify 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: IRA SMOLEV

MGR

05/15/2007

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