
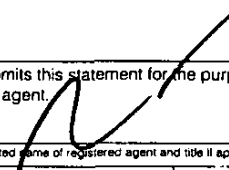
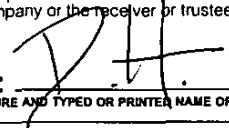


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:40

<b>DOCUMENT # L04000073638</b> 1. Entity Name <b>DT MANAGEMENT COMPANY, LLC</b>					
Principal Place of Business <b>11111 BISCAYNE BLVD., SUITE 715 MIAMI, FL 33181</b>			Mailing Address <b>11111 BISCAYNE BLVD., SUITE 715 MIAMI, FL 33181</b>		
2. Principal Place of Business <b>5524 ETON COURT</b>		3. Mailing Address <b>18851 NE 29th AVENUE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>SUITE 900</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>AVENTURA, FL</b>		4. FEI # <b>20-4803175</b>	
Zip <b>33486</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FAWELL, THOMAS W 11111 BISCAYNE BLVD., SUITE 715 MIAMI, FL 33181</b>			7. Name and Address of New Registered Agent Name <b>MARK E. ROUSSO, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th Avenue</b> <b>Suite 900</b> City <b>AVENTURA</b> FL Zip Code <b>33180</b>		
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 <b>4/28/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAWELL, THOMAS W 11111 BISCAYNE BLVD., SUITE 715 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600076017056</b> <b>06/09/06--01034--011 **200.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRSCHFELD, DAVID 11111 BISCAYNE BLVD., SUITE 715 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR</b> <b>DAVID HIRSCHFELD</b> <b>5524 ETON COURT</b> <b>BOCA RATON, FL 33486</b>	
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 <b>REINSTATEMENT 05-06</b>	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <b>4/28/06</b> Daytime Phone # <b>786-279-0600</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					