

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000079880

FILED
Nov 15, 2006
Secretary of State

Entity Name: BLASI FAMILY TRUST LLC

Current Principal Place of Business:

7777 GLADES ROAD
SUITE 110
BOCA RATON, FL 33434 US

New Principal Place of Business:

7777 GLADES ROAD
SUITE 400
BOCA RATON, FL 33434 US

Current Mailing Address:

7777 GLADES ROAD
SUITE 110
BOCA RATON, FL 33434 US

New Mailing Address:

7777 GLADES ROAD
SUITE 400
BOCA RATON, FL 33434 US

FEI Number: 20-1906342 **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:

BLASI, ANDREW B
7777 GLADES ROAD
SUITE 110
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

BLASI, ANDREW B
7777 GLADES ROAD
SUITE 400
BOCA RATON, FL 33434 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: ANDREW B. BLASI

11/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FIDUCIARY SERVICES C, ORP.
Address: 7777 GLADES ROAD, SUITE 110
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIDUCIARY SERVICES C, ORP.
Address: 7777 GLADES ROAD, SUITE 400
City-St-Zip: BOCA RATON, FL 33434 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: FIDUCIARY SERVICES CORP.

MGR

11/15/2006

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