2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 31, 2006
Secretary of State

DOCUMENT# L04000089680

Entity Name: SCS2 FLORIDA, L.L.C.

Current Principal Place of Business:

4039-4077 13TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4039-4077 13TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

8009 CREFELD STREET
PHILADELPHIA, PA 19118

FEI Number: 20-1983454 **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:

SCHUMACHER, LORI ESQ.
18851 N.E. 29 AVE. SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ALEXANIAN, ANNABELLE
3440 S. OCEAN BLVD
204 N
PALM BEACH, FL 33480 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: ANNABELLE ALEXANIAN 05/31/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALEXANIAN, ANNABELLE
Address: 8009 CREFIELD STREET
City-St-Zip: PHILADELPHIA, PA 19118

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALEXANIAN, ANNABELLE
Address: 8009 CREFELD STREET
City-St-Zip: PHILADELPHIA, PA 19118

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: ANNABELLE ALEXANIAN MGM 05/31/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date