2008 LIMITED LIABILITY COMPANY

FILED Mar 03, 2008 08:00 A Secretary of State

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DOCUMENT # L0500 1. Entity Name OFFICE CENTER LLC	0013763
Principal Place of Business 145 CYPRESS POINT PKWY 201 PALM COAST, FL 32164	Mailing Address 145 CYPRESS POINT PKWY 201 PALM COAST, FL 32164

03042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3801131 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VASILEVSKIY, YEFIM 145 CYPRESS POINT PKWY 201 IN THIS SPACE PALM COAST, FL 32164 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 regis YEFIM VASILEUSKIY (NOTE Registered Agent signature required when reinstating) name of registered agent and title it applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE VASILEVSKIY, YEFIM NAME 145 CYPRESS POINT PKWY # 201 STREET ADDRESS U00000844634 CITY-ST-ZIP PALM COAST, FL 32164 03/13/08-80006-025 138.75 TITLE MGRM ZIS, IGOR 145 CYPRESS POINT PKWY 201 STREET ADDRESS PALM COAST, FL 32164 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this fifting 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 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P