

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000013980

Entity Name: LAC 24, LLC

FILED
Oct 31, 2006
Secretary of State

Current Principal Place of Business:

800 FAIRWAY DRIVE, SUITE 370
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

1638 WESTCHESTER DRIVE
SUITE 103
HIGH POINT, NC 27262

Current Mailing Address:

800 FAIRWAY DRIVE, SUITE 370
DEERFIELD BEACH, FL 33441

New Mailing Address:

1638 WESTCHESTER DRIVE
SUITE 103
HIGH POINT, NC 27262

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WILLIAMS, CARNELL
800 FAIRWAY DRIVE, SUITE 370
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

WILLIAMS, CARNELL
17229 BREEDERS CUP DRIVE
ODESSA, FL 33556 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: CARNELL WILLIAMS

10/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, CARNELL
Address: 800 FAIRWAY DRIVE, SUITE 370
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, CARNELL
Address: 17229 BREED CUP DRIVE
City-St-Zip: ODESSA, FL 33556

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: CARNELL WILLIAMS

MM

10/31/2006

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