

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000016103

FILED
Feb 13, 2008
Secretary of State

Entity Name: SMA OPERATIONS MANAGEMENT, L.L.C.

Current Principal Place of Business:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819

New Principal Place of Business:

6979 KINGSPONTE PKWY
SUITE 11
ORLANDO, FL 32819

Current Mailing Address:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819

New Mailing Address:

6979 KINGSPONTE PKWY
SUITE 11
ORLANDO, FL 32819

FEI Number: 20-2314909 **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:

WHITTEN, BOBBY R
7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

WHITTEN, BOBBY R
6979 KINGSPONTE PKWY
SUITE 11
ORLANDO, FL 32819 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: BOBBY R WHITTEN

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITTEN, BOBBY R
Address: 7380 SAND LAKE ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITTEN, BOBBY R
Address: 6979 KINGSPONTE PKWY, SUITE 11
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: BOBBY R WHITTEN

MGR

02/13/2008

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