

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000020173

FILED
Dec 21, 2006
Secretary of State

Entity Name: THE STONEGATE GROUP LLC

Current Principal Place of Business:

6550 GRIFFIN RD.
STE. 103
DAVIE, FL 33314

New Principal Place of Business:

200 S. ANDREWS AVE
9TH FLR.
FORT LAUDERDALE, FL 33301

Current Mailing Address:

6550 GRIFFIN RD.
STE. 103
DAVIE, FL 33314

New Mailing Address:

200 S. ANDREWS AVE.
9TH FLR.
FORT LAUDERDALE, FL 33301

FEI Number: 20-4707260 **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:

HO-TUNG, ANNETTE
6550 GRIFFIN RD.
STE. 103
DAVIE, FL, FL 33314 US

Name and Address of New Registered Agent:

HO-TUNG, ANNETTE
200 S. ANDREWS AVE.
9TH FLR.
FORT LAUDERDALE, FL 33301 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: ANNETTE HO-TUNG

12/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRANT, LLEWELLYN A
Address: 6550 GRIFFIN RD.
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRANT, LLEWELLYN A
Address: 200 S. ANDREWS AVE. 9TH FLR.
City-St-Zip: FORT LAUDERDALE, FL 33301 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: LLEWELLYN A. GRANT

MGRM

12/21/2006

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