2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2007
Secretary of State

DOCUMENT# L05000024895

Entity Name: GREAT MANAGEMENT SEVEN, LLC

Current Principal Place of Business:

1001 N.FEDERAL HWAY.
STE 353
HALLANDALE, FL 33009

New Principal Place of Business:

3009 SEVILLE ST
AP # 3
FORT LAUDERDALE, FL 33304

Current Mailing Address:

1001 FEDERAL HWAY
STE 353
HALLANDALE, FL 33009

New Mailing Address:

3009 SEVILLE ST
APT#3
FORT LAUDERDALE, FL 33304

FEI Number: 20-3825337 **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:

GARY, SINGER
440 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GARY, SINGER
3009 SEVILLE ST
APT.#3
FORT LAUDERDALE, FL 33304 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: GARY SINGER 10/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: HIDALGO, ERNESTO A MR
Address: 1001 N.FEDERAL HWAY STE 353
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: HIDALGO, ERNESTO A MR
Address: 3009 SEVILLE ST APT.#3
City-St-Zip: FORT LAUDERDALE, FL 33304

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: EH CEO 10/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date