2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000047316 1. Entity Name



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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SLG HOL	DINGS, LLC				OFC 15	AM 9: 1	6		
	e of Business	Mailing Address							
1221 E ROB Orlando, F		1221 E ROBINSON ST Orlando, Fl 32801							
						1117 15 111 61111 161	is 11161 11161 611		
7503	Chancellor Dr.	3. Mailing Address 7503 Chance	ellor D)r. 4					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		10242006	REIN-LLC	CR2E10	01 (11/05)		
City & Stat	do, FL	City & State Orlando	, FL	4. FEI Numb	2837015	•		plied For t Applicable	
Zip 32	sog Country Orange	32809	Orang.	e 5. Certificate	of Status Desired		\$5.00 Add ee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name an	d Address of New	Registered A	gent		
FONG, DAVID									
1221 É ROBINSON STREET ORLANDO, FL 32801			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
							1		
-			City			FL	Zip Code		
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 registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent at	(NOTE: N							
	E NOW!!! FEE IS \$50.00 ary 1, 2007, Fee will be \$100.00	In accordance with s. (liability company did no			!	ake check pa da Departme	-	•	
	LE NOW!!! FEE IS \$50.00 ary 1, 2007, Fee will be \$100.00 MANAGING MEMBER	in accordance with s. (liability company did n		rior notice.	Florid		-	3	
9.	LE NOW!!! FEE IS \$50.00 ary 1, 2007, Fee will be \$100.00 MANAGING MEMBER	in accordance with s. (liability company did n	ot receive the p	rior notice.	Florio ADDITION:	da Departme	-	Addition	
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Independent in the middle of the report is true and accurate and that my 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: SIGNATURE and TYPED OR PRINTED NAME OF SIGNATURE NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE