2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2006
Secretary of State

DOCUMENT# L05000060434

Entity Name: SHAVITZ HOLDINGS LYONS TECH II, LLC

Current Principal Place of Business:

ATTN: GREGG I. SHAVITZ
7800 CONGRESS AVE., SUITE 108
BOCA RATON, FL 33487

New Principal Place of Business:

ATTN: GREGG I. SHAVITZ
1515 S FEDERAL HWY, SUITE 404
BOCA RATON, FL 33432

Current Mailing Address:

ATTN: GREGG I. SHAVITZ
7800 CONGRESS AVE., SUITE 108
BOCA RATON, FL 33487

New Mailing Address:

ATTN: GREGG I. SHAVITZ
1515 S FEDERAL HWY, SUITE 404
BOCA RATON, FL 33432

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SHAVITZ, GREGG I
7800 CONGRESS AVE., SUITE 108
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SHAVITZ, GREGG I
1515 S FEDERAL HWY
SUITE 404
BOCA RATON, FL 33432 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: GREGG SHAVITZ 10/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: SHAVITZ, GREGG
Address: 1515 S FEDERAL HWY SUITE 404
City-St-Zip: BOCA RATON, FL 33432

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: GREGG SHAVITZ RA 10/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date