

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000065969

Entity Name: WESTERN, LLC

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

C/O CABOT MANAGEMENT
2727 E. OAKLAND PARK BLVD., #301
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

C/O CABOT MANAGEMENT
2727 E. OAKLAND PARK BLVD., #301
FT. LAUDERDALE, FL 33306

New Mailing Address:

C/O CABOT MANAGEMENT
P.O. BOX 7503
FT. LAUDERDALE, FL 33306

FEI Number: FEI Number Applied For (X) 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:

OUELLETTE, ADAM J ESQ.
C/O SPINK AND OUELETTE, P.A.
100 S.E. 3RD AVE., SUITE 1910
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

OUELLETTE, ADAM J ESQ.
C/O SPINK AND OUELETTE, P.A.
5653 S. UNIVERSITY
DAVIE, FL 33328 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: ADAM OUELETTE

01/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVY, HARRIET
Address: 2727 E. OAKLAND PARK BLVD., #301
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVY, HARRIET
Address: P.O. BOX 7503
City-St-Zip: FT. LAUDERDALE, FL 33306

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: HARRIET LEVY

MGR

01/16/2007

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