

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000066217

FILED
Feb 26, 2008
Secretary of State

Entity Name: LACNEA USA, LLC

Current Principal Place of Business:

10200 STATE ROAD 84, SUITE 227
DAVIE, FL 33324

New Principal Place of Business:

240 OLD FEDERAL HIGHWAY
SUITE 210
AVENTURA, FL 33180

Current Mailing Address:

10200 STATE ROAD 84, SUITE 227
DAVIE, FL 33324

New Mailing Address:

3330 NE 190 ST
SUITE 910
AVENTURA, FL 33180

FEI Number: 20-3099649 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

SINGER, BERNARD A ESQ.
3107 STIRLING ROAD, SUITE 105
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

ISAAC, ROSENBERG A ESQ.
3330 NE 190 ST
910
AVENTURA, FL 33180 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: ISAAC ROSENBERG

02/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSENBERG, ISAAC
Address: 10200 STATE ROAD 84, SUITE 227
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSENBERG, ISAAC
Address: 3330 NE 190 ST SUITE 910
City-St-Zip: AVENTURA, FL 33180

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: ISAAC ROSENBERG

MGR

02/26/2008

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