2007 LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT # L05000080624** 07 OCT 29 PM 12: 27 LLK, L.L.C. Principal Place of Business Mailing Address 3251 BAYOU SOUND 3251 BAYOU SOUND LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10122007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 20-3383729 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAPLAN, LORRAINE C Street Address (P.O. Box Number is Not Acceptable) 3251 BAYOU SOUND LONGBOAT KEY, FL 34228 City 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 Make check payable to FILE NOW!!! FEE IS \$150.00 Florida Department of State After January 1, 2008, Fee will be \$200.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Delete TITLE NAME KAPLAN, LORRAINE C NAME STREET ADDRESS 3251 BAYOU SOUND STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE CINSTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: ANAGER, OR AUTHORIZED REPRESENTATIVE