

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103141

Entity Name: LGC CAPITAL, LLC

FILED
Nov 24, 2006
Secretary of State

Current Principal Place of Business:

25580 SW 137 AVE
204
HOMESTEAD, FL 33032 US

New Principal Place of Business:

10491 SW 202 TERRACE
MIAMI, FL 33139 US

Current Mailing Address:

25580 SW 137 AVE
204
HOMESTEAD, FL 33032 US

New Mailing Address:

10491 SW 202 TERRACE
MIAMI, FL 33139 US

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

ALIX, LUIS R
25580 SW 137 AVE
204
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

FUNEZ, GUILLERMO A
10491 SW 202 TERRACE
MIAMI, FL 33139 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: GUILLERMO FUNEZ

11/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALIX, LUIS R
Address: 25580 SW 137 AVE, #204
City-St-Zip: HOMESTEAD, FL 33032 US

Title: MGRM () Delete
Name: SCHLESINGER, CRAIG D
Address: 10530 SW 119 ST
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: FUNEZ, GUILLERMO A
Address: 10491 SW 202 TERRACE
City-St-Zip: MIAMI, FL 33139 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALIX, LUIS R
Address: 2101 CASCADES BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG SCHLESINGER

MGRM

11/24/2006

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