2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# L05000113455

Entity Name: LLL, L.L.C.

Current Principal Place of Business:

500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE, FL 33394

New Principal Place of Business:

500 EAST BROWARD BOULEVARD
1950
FORT LAUDERDALE, FL 33394

Current Mailing Address:

500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE, FL 33394

New Mailing Address:

500 EAST BROWARD BOULEVARD
1950
FORT LAUDERDALE, FL 33394

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:

HARDIN, DAVID C
500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

HARDIN, DAVID C ESQ.
500 EAST BROWARD BOULEVARD
SUITE 1950
FORT LAUDERDALE, FL 33394 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: DAVID HARDIN, ESQ. 10/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: BOLUFE, KIM MGR
Address: 500 EAST BROWARD BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33394

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: DAVID HARDIN ESQ. 10/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date