

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000114702

FILED
Sep 27, 2007
Secretary of State

Entity Name: OBOLER LLC

Current Principal Place of Business:

1300 BEN FRANKLIN DRIVE
APT. 1006
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

4700 32ND STREET NW
WASHINGTON, DC 20008

New Mailing Address:

FEI Number: 20-3863680 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

HENRY, SUSAN E
4057 LAS PALMAS WAY
SARASOTA, FL 34238 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: SUSAN HENRY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: OBOLER, ALLEN A
Address: 3511 ALBEMARLE ST. NW
City-St-Zip: WASHINGTON, DC 20008

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

Title: MGRM () Delete
Name: OBOLER, LILLIAN L
Address: 3511 ALBEMARLE ST. NW
City-St-Zip: WASHINGTON, DC 20008

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

Title: MGRM () Delete
Name: OBOLER, JOSHUA F
Address: 4700 32ND STREET NW
City-St-Zip: WASHINGTON, DC 20008

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

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: ALLEN OBOLER

MGRM

09/27/2007

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