

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Sep 26, 2006
Secretary of State**

DOCUMENT# L05000120053

Entity Name: LC1, LLC

Current Principal Place of Business:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

New Principal Place of Business:

P.O. BOX 811202
BOCA RATON, FL 33481 US

Current Mailing Address:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

New Mailing Address:

P.O. BOX 811202
BOCA RATON, FL 33481 US

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:

Name and Address of New Registered Agent:

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 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: STUART R. MORRIS, ESQ.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: CAPANO, SALVATORE JR.
Address: P.O. BOX 811202
City-St-Zip: BOCA RATON, FL 33481 US

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

Title: MGR () Change (X) Addition
Name: CAPANO, LAURI J
Address: P.O. BOX 811202
City-St-Zip: BOCA RATON, FL 33481 US

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: SALVATORE CAPANO, JR.

MGR

09/26/2006

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