2007 LIMITED LIABILITY COMPANY

FILED May 11, 2007 8:00 am Secretary of State 04-25-2007 90035 011 ****50.00

DOCUMENT # LU6UUUU/6/31 1. Entity Name											
SLIP 2, LI	.C										
Principal Place	of Business	Mailing Address				30007392					
6300 NE 1ST AVENUE, STE. 300 FORT LAUDERDALE, FL 33334		6300 NE 1ST AVENUE, STE. 300 FORT LAUDERDALE, FL 33334									
						1 (19)11/1	IL Albino d erra ender derra		yn 1980) (80) (8		
·	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apl. #, etc.		Suite, Apt. #, etc.			04042007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State				4. FEI Numr	5-517	1199		oplied For ot Applicable	
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired 55.00 Addition						
	6. Name and Address of Current I					7. Name and Address of New Registered Agent					
SADER, ROBERT L				Name	ine						
1901 W. C	YPRESS CREEK ROAD IDERDALE, FL 33309			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
				City	ity E 2ip Code				A		
• The share	named entity submits this statement for	the murees of changing its	raciator	<u> </u>	aciatara	d energy or he	uth in the State of	FL Florida Logar	<u> </u>	- 	
	ions of registered agent.	es onice or re	o@istore.	o agent, or bi	out, in the State Of	Fiorica: Tain i	STANINST AND I'	and accept			
SIGNATURE Signature, typed or printed name of registered agent and side if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
· · ·	Signature, typed or printed name of registered agent a	nd side if applicative (NOTE	:: Hegistere	id Agent signeture	e sedmen w	men reinstating)		DATE			
FI De	ling Fee is \$50.00 ue by May 1, 2007							iske check pa ida Departm		•	
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITION	S/CHANGES			
TITLE NAME	MGRM THE ROBERT JOSEPH ROSCHI	Delete	TITLI						☐ Change	Addition	
STREET ADDRESS : CITY-ST-ZIP	6300 NE 1ST AVENUE, STE. 300 FORT LAUDERDALE, FL 33334		STRE	EET ADDRESS '-ST-ZIP							
TITLE		Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	EE ADORESS							
CITY-ST-ZIP			B '	-ST-ZDP							
TITLE		☐ Delete	TITLE						Change	Addition	
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CITY C1-220			—-спу	-51-217							
TITLE		☐ Delete	TITLE	E					☐ Change	Addition	
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name Street address			NAM STRE	ET ADORESS							
CITY-ST-ZIP				- S1 - ZIP							
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 it made under oath; that I am a managing member or manager of the limited liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
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SIGNATURE:				SEET !	(کلانا	HMAP	Date		verse Prone s		

ATTACHMENT

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

003351.302947.0012.001 1 MB 0.326 530

3000739<u>1</u> #WW000076731 Date of this notice:

Employer Identification Number: 20-5179122

Form: SS-4

Number of this notice: CP 575 B

SLIP 2 LLC ROBERT ROSCHMAN - MANAGING MBR 6300 NE 1ST AVENUE SUITE 300 FORT LAUDERDALE FL

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5179122. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

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