

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 19, 2007  
Secretary of State**

DOCUMENT# L06000112617

**Entity Name:** LAS OLAS MANAGEMENT, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

1116 PHEASANT LANE  
COLLEGEVILLE, PA 19426 US

**Current Mailing Address:**

**New Mailing Address:**

1116 PHEASANT LANE  
COLLEGEVILLE, PA 19426 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:**

**Name and Address of New Registered Agent:**

AGENTS AND CORPORATIONS, INC  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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 N. WILLIAMS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MAJED, SOUEIDAN  
Address: 1116 PHEASANT LANE  
City-St-Zip: COLLEGEVILLE, PA 19426

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: MAJED SOUEIDAN

MBR

10/19/2007

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