

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000002078

Entity Name: 1777 SOPHIAS DRIVE #208, LLC

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

2248 MERIDIAN BLVD., SUITE H
MINDEN, NV 89423

New Principal Place of Business:

Current Mailing Address:

2248 MERIDIAN BLVD., SUITE H
MINDEN, NV 89423

New Mailing Address:

FEI Number: 20-2586499 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:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: DENISE ZOLLNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUNDT, ANNELIESA
Address: 2249 MERIDIAN BLVD., SUITE H
City-St-Zip: MINDEN, NV 89423

Title: MGRM () Delete
Name: HUNDT, JAMES C
Address: 2249 MERIDIAN BLVD., SUITE H
City-St-Zip: MINDEN, NV 89423

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUNDT, JAMES C
Address: 2249 MERIDIAN BLVD., SUITE H
City-St-Zip: MINDEN, NV 89423

Title: MEMB (X) Change () Addition
Name: HUNDT, ANNELIESA K
Address: 2249 MERIDIAN BLVD., SUITE H
City-St-Zip: MINDEN, NV 89423

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: JAMES C. HUNDT

MNGR

10/11/2006

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