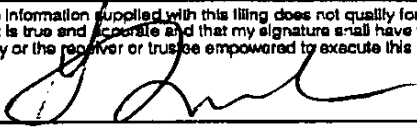


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 19 AM 10:03

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000003391			
1. Entity Name PCR VENTURE OF FT. LAUDERDALE, LLC			
Principal Place of Business 450 LAS OLAS BLVD. #1100 FT. LAUDERDALE, FL 33301		Mailing Address 450 LAS OLAS BLVD. #1100 FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 600 Terminal Drive Suite, Apt. #, etc. #403 City & State FT. LAUDERDALE, FL Zip 33315 Country USA		3. Mailing Address 600 Terminal Dr Suite, Apt. #, etc. #403 City & State FT. LAUDERDALE, FL Zip 33315 Country USA	
10102006 REIN-LLC		CR2E101 (11/05)	
4. FEI Number 83-0419766		Applied For Not Applicable	
5. Certificate of Status Desired		X \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUMORE, C. ANTHONY 450 LAS OLAS BLVD. #1100 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Rumore C. Anthony Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd. #1620 City Fort Lauderdale FL Zip Code 33394	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 10/11/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEB IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULENA, GARY 450 LAS OLAS BLVD. #1100 FT. LAUDERDALE, FL 33301 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 Terminal Dr. X FT. LAUDERDALE FL 33315 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081024592 10/19/06--01034--018 **55.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006  ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 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:  Gary Fulena		10.11.06	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	