FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 19 AM 10:09

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000003391

1. Entity Name
PCR VENTURE OF FT. LAUDERDALE, LLC

Principal Place of Business	Mailing Address
~~450 LAS OLAS BLVD. #1100~~ FT. LAUDERDALE, FL 33301	450 LAS OLAS BLVD. #1100 FT. LAUDERDALE, FL 33301

2. Principal Place of Business	3. Mailing Address
600 Terminal Drive	600 Terminal Dr
Suite, Apt. #, etc. # 403	Suite, Apt. #, etc. #403
City & State FT Lauderdale, FL	City & State FT Lauderdale, FL
Zip 33315 Country USA	Zip 33315 Country USA

10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number
83-0419766
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUMORE, C. ANTHONY 450 LAS OLAS BLVD. #1100 FT. LAUDERDALE, FL 33301	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: CAR 10/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE 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			10. ADDITIONS / CHANGES		
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	600 Terminal Dr. ☒ Change ☐ Addition FT Lauderdale FL 33315	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200081024592 10/19/06--01034--018 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2006	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #