

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000006324

**FILED**  
**Oct 13, 2006**  
**Secretary of State**

**Entity Name:** SPIKE REALTY SOUTHEAST LLC

**Current Principal Place of Business:**

290 CENTRAL AVENUE  
LAWRENCE, NY 11559

**New Principal Place of Business:**

290 CENTRAL AVENUE  
SUITE 107  
LAWRENCE, NY 11559

**Current Mailing Address:**

290 CENTRAL AVENUE  
LAWRENCE, NY 11559

**New Mailing Address:**

290 CENTRAL AVENUE  
SUITE 107  
LAWRENCE, NY 11559

**FEI Number:** 20-3938658      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811 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:** SHELDON PIKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** PIKE, SHELDON  
**Address:** 290 CENTRAL AVENUE  
**City-St-Zip:** LAWRENCE, NY 11559

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** SHELDON PIKE

MGR

10/13/2006

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