FILED Feb 13, 2006 8:00 am Secretary of State

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Pincipal Place of Studieses Melling Actives 1801 HRMINGE BLVD. SUITE 100 TAILAHASSEE, FL 32308	DOCUMENT # N96000005394 1. Entity Name 10100 SANTA MONICA, INC.								0	2-13-2006	90040 045 ***	*61.25
Sulle, April, 4, etc. Cay & State Causery	1801 HERMITAGE BLVD. Suite 100				1801 HERMITAGE BLVD. Suite 100				 	 		
City & State	2. Principal F	Place of Busin	ness	3. Mailing	Address							
Second S	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					01272006 Ch	g-NP	CR2E037 (11/05)
S. Ostrock of the State of State Current Registered Agent 7. Name and Address of Current S Not Acceptable) 7. State St	City & Stat	te		City i	City & State					1	⊢	
Name	Zip		Country	Zip Cou		untry		5. Certificate of Sta	itus Desired			
TODD, DAVIDE SIGN HERMITAGE BLVD. SUTE 100 TALLAHASSEE, FL 32308 City Plantation FL Zip 03/3324		6. Name	and Address of Current I	Registered	Agent		Nome					
TALLAHASSEE, FL 32308 City Plantation FL Zip Coding 33324							C			_		
City Plantation FL Zip Casis 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Riorids. I sm familiar with, and accept the obligations of registered agent. Interest State	SUITE 100	0										
8. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Rorlda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorlda. I am familiar with, and accept the obligations of registered agent. James M. Halpin Abbit Abbi	TALLAHASSEE, FL 32308					City		1 4		 -	□	ode
SIGNATURE SIGNATURE SIGNA	8. The above	e named entity	y submits this statement for	the purpos	e of changing its	register				he State of Flo	!	
10.	the obligations of registered agent.							nes	M. Halpin		ahl	06
TITLE NAME NAME SIREET ADDRESS CITY-ST-2IP TITLE VT SIREET ADDRESS CITY-ST-2IP TOONARELLLI, MAURY 191 NORTH WACKER DRIVE, SUITE 2500 CITY-ST-2IP TITLE DVAT GRAY, LYNNE M 1801 HERMITAGE BOULEVARD, SUITE 100 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE DVAT GRAY, LYNNE M 1801 HERMITAGE BOULEVARD, SUITE 100 TITLE DVAT GRAY, LYNNE M 1801 HERMITAGE BOULEVARD, SUITE 100 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE DVAT GRAY, LYNNE M 1801 HERMITAGE BOULEVARD, SUITE 100 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE DVAS SIREET ADDRESS CITY-ST-2IP TALLAHASSEE, FL 32308 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE DVAS SIREET ADDRESS CITY-ST-2IP TITLE DVAS SIREET ADDRESS CITY-ST-2IP TALLAHASSEE, FL 32308 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE TALLAHASSEE, FL 32308 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE TALLAHASSEE, FL 32308 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE TOONAS SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2	Due by May 1, 2006 Trust Fund Contri											
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NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL TITLE VAS FERRANTE, ANTHONY M STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 12. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachpaght with an address, with all other like empowered. SIGNATURE:												
STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL STREET ADDRESS CITY-ST-ZIP TITLE VAS FERRANTE, ANTHONY M STREET ADDRESS CITY-ST-ZIP THE PERRANTE, ANTHONY M STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachaget with an address, with all other like empowered. SIGNATURE:			TEDEN I		☐ Delete						☐ Chang	e 🗌 Addition
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	STREET ADDRESS	FERRANT 191 N WA	CKER DR, STE 2500				ET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	FERRANT 191 N WA CHICAGO certify that the con this repor	CKER DR, STE 2500 D, IL 60606 e information supplied with it or supplemental report is ne receiver or trustee empo	true and ac wered to ex	curate and that n ecute this report	city r the exe ny signa as requi	ET ADDRESS -ST-ZIP emptions cont	a the c	same lenal effect as it	made under d	asth: that I am an offic	er or director