


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 24 AM 9:38

<b>DOCUMENT # L0000007840</b> 1. Entity Name VANGUARD PARTNERS, LLC	
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Principal Place of Business 1706 E. SEMORAN BLVD. SUITE 110 APOPKA, FL 32703	Mailing Address % ROBSON DANIELS, INC. P.O. BOX 1087 MAITLAND, FL 32794
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 250 Davisville Avenue  Suite, Apt. #, etc. 108
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City & State Toronto, Ontario	4. FEI Number 59-3656209
Zip M5S 1H2	Country Canada

6. Name and Address of Current Registered Agent  LISS, RONALD J 127 STONE HILL DR MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name <u>Taft Management Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <del>C/O The Park Apartments</del> 7528 Park Promenade Drive City <u>Winter Park</u> <span style="float: right;">FE Zip Code <u>32782</u></span>
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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 *R. Shanon* DATE November 22, 2004

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME LISS, RONALD J STREET ADDRESS 127 STONE HILL DR. CITY-ST-ZIP MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE MGR. NAME Shirano Sharon STREET ADDRESS 250 Davisville Avenue, Suite 108 CITY-ST-ZIP Toronto, Ontario M5S 1H2 Canada	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500043047345 11/29/04--01070--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500043047345 03/02/05--01009--025 **500.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 04

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R. Shanon p.s.o* Date Nov 19, 2004 Daytime Phone # 416-482-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE