

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 21 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L04000011923

1. Limited Liability Company's Name

INDIAN RIVER PARTNERS, LLC

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CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
1566 Shorelands Drive E.		1566 Shorelands Drive E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Vero Beach, FL		Vero Beach, FL	
Zip	Country	Zip	Country

4. State/Country of Formation	
Florida	
5. Date Organized or Qualified To Do Business in Florida	
2/13/2004	
6. FEI Number	Applied For
20-1909810	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name		
W. Bradford Blaicher		
Street Address (P.O. Box Number is Not Acceptable)		
1566 Shorelands Drive E.		
Suite, Apt. #, Etc.		
City	State	Zip Code
Vero Beach	FL	32963

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date 6/20/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	W. Bradford Blaicher	1566 Shorelands Drive E.	Vero Beach, FL 32963

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REINSTATEMENT 2005-2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date 6/20/06 Daytime Phone # (772) 473-9903

Typed or printed name of signing Managing Member/Manager W. BRADFORD BLAICHER, Manager