

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000100296

**FILED**  
**Sep 29, 2008**  
**Secretary of State**

**Entity Name:** THE VENTURE GROUP AT PORT SALERNO, LLC

**Current Principal Place of Business:**

4805 SE CAPSTAN AVE.  
PORT SALERNO, FL 34992 US

**New Principal Place of Business:**

4862 SE ANCHOR AVE.  
PORT SALERNO, FL 34992 US

**Current Mailing Address:**

P.O. BOX 589  
PORT SALERNO, FL 34992 US

**New Mailing Address:**

4862 ANCHOR AVE,  
#4  
PORT SALERNO, FL 34992 US

**FEI Number:** 20-5707358      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

BYRD, BARRY B  
4600 MILITARY TRAIL  
SUITE 212  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

LYSAGHT & LYSAGHT  
112 INTRACOASTAL POINTE DRIVE  
JUPITER, FL 33477 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: DEBORAH LYSAGHT

09/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VENTURE MANAGEMENT I, NVESTMENTS, LL C  
Address: P.O. BOX 728  
City-St-Zip: JUPITER, FL 33468 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN MCCLINTOCK

DIR

09/29/2008

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