

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000006465

FILED
Sep 13, 2006
Secretary of State

Entity Name: NEW VENTURES OF PALM BEACH COUNTY, LLC

Current Principal Place of Business:

529 S. FLAGLER DR., CCU15
WEST PALM BEACH, FL 33401

New Principal Place of Business:

529 S. FLAGLER DR., CCU15
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

529 S. FLAGLER DR., CCU15
WEST PALM BEACH, FL 33401

New Mailing Address:

529 S. FLAGLER DR., CCU15
WEST PALM BEACH, FL 33401 US

FEI Number: 65-1053159 **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:

SAN K.J. LEE
529 S. FLAGLER DR., CCU15
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: SAN K.J. LEE, REGISTERED AGENT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAN K.J. LEE,
Address: 529 S. FLAGLER DR., CCU15
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEE, SAN K. J.
Address: 529 S. FLAGLER DR., CCU15
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: SAN K.J. LEE, MANAGER

MGR

09/13/2006

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