


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000007840					
1. Entity Name VANGUARD PARTNERS, LLC					
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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 250 Davisville Avenue Suite, Apt. #, etc. 108			
City & State Toronto, Ontario		4. FEI Number 59-3656209			
Zip M5S 1H2		Country Canada		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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: Taft Management Inc. Street Address (P.O. Box Number is Not Acceptable): C/o The Park Apartments 7528 Park Promenade Drive City: Winter Park, FL Zip Code: 32782		
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: November 22, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LISS, RONALD J 127 STONE HILL DR. MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Shirano Sharon 250 Davisville Avenue, Suite 108 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
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: <i>[Signature]</i> p.s.o			Date: Nov 19, 2004 Daytime Phone #: 416-482-8283		

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