

## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Feb 16, 2007 8:00 A.M.  
Secretary of State

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|--|--|--|--|
| DOCUMENT # L01000015873  |  |  |  |
| 1. Entity Name<br>SENIOR PLANNERS OF AMERICA, LLC  |  |  |  |
| Principal Place of Business<br>10201 CENTURION PKWY N<br>SUITE 600<br>JACKSONVILLE, FL 32256   |  | Mailing Address<br>10201 CENTURION PKWY, N.<br>SUITE 600<br>JACKSONVILLE, FL 32256   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4600 Touchton Rd.</b>   |  | 3. Mailing Address<br><b>4600 Touchton Rd.</b>   |  |
| Suite, Apt. #, etc.<br><b>Bldg. 100, Suite 150</b>   |  | Suite, Apt. #, etc.<br><b>Bldg 100, Suite 150</b>  |  |
| City & State<br><b>Jacksonville, FL</b>  |  | City & State<br><b>Jacksonville, FL</b>  |  |
| Zip<br><b>32246</b>  |  | Zip<br><b>32246</b>  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>SCHWARTZ, ROBERT D<br/>555 S. FEDERAL HIGHWAY, SUITE 330<br/>BOCA RATON, FL 33432</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Neil L. Weinreb</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>233 East Bay St.<br/>Suite 901</b><br>City <b>Jacksonville</b> FL Zip Code <b>32202</b> |  |
| 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.<br>SIGNATURE <b>Neil L. Weinreb</b> DATE <b>2/13/2007</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.   |  |
| Make check payable to<br>Florida Department of State   |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DANA, DON<br>10201 CENTURION PKWY, N. SUITE 600<br>JACKSONVILLE, FL 32256<br><input type="checkbox"/> Delete | 10. <del>Change of Change of Address</del> CHANGES<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | MGRM<br>Dana, Don<br>4600 Touchton Rd., Bldg 100, Suite 150<br>Jacksonville, FL 32246<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | 200088881552<br>02/21/07--01017--013 **100.00<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <b>REINSTATEMENT 06-07</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Donald L. Dana</b> DATE <b>2/13/2007</b> DAYTIME PHONE # <b>742-0875</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #</small>  |  |  |  |