

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024411

Entity Name: APEX VENTURES, LLC

FILED
Oct 23, 2006
Secretary of State

Current Principal Place of Business:

3 OCEAN HARBOUR CIRCLE
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

313 N E 3RD ST
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 46-0500192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTKIW, STEPHEN J
3 OCEAN HARBOUR CIRCLE
OCEAN RIDGE, FL 33435 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: STEPHEN J BARTKIW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARTKIW, STEPHEN J
Address: 3 OCEAN HARBOUR CIR
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGRM () Delete
Name: MINKIN, MARK
Address: 2 OCEAN HARBOUR CIR
City-St-Zip: OCEAN RIDGE, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: SOSPES REALTY LIMITE, D PARTNERS
Address: 9858 CLINTMOORE ROAD, SUITE C-111 # 300
City-St-Zip: BOCA RATON, FL 33496 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: STEPHEN J BARTKIW

MGRM

10/23/2006

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