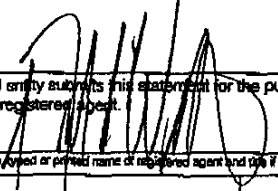
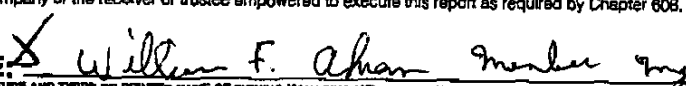


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 18 AM 10:15

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                                                                                                                         |                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000005903</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                        |                                                                                                                                                |
| 1. Entity Name<br><b>N.E.W., L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                                                                                                                                                         |                                                                                                                                                |
| Principal Place of Business<br><b>985 N. COLLIER BLVD<br/>MARCO ISLAND, FL 34145</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | Mailing Address<br><b>985 N. COLLIER BLVD<br/>MARCO ISLAND, FL 34145</b>                                                                                                                                                |                                                                                                                                                |
| 2. Principal Place of Business<br><b>979 N. Collier Blvd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | 3. Mailing Address<br><b>979 N. Collier Blvd.</b>                                                                                                                                                                       |                                                                                                                                                |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      | Suite, Apt. #, etc.                                                                                                                                                                                                     |                                                                                                                                                |
| City & State<br><b>Marco Island FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      | City & State<br><b>Marco Island FL</b>                                                                                                                                                                                  |                                                                                                                                                |
| Zip<br><b>34145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      | Zip<br><b>34145</b>                                                                                                                                                                                                     |                                                                                                                                                |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | Country                                                                                                                                                                                                                 |                                                                                                                                                |
| 4. FEI Number<br><b>06272005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      | REIN-LLC<br><b>CR2E101 (6/04)</b>                                                                                                                                                                                       |                                                                                                                                                |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                                                                                                                         |                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br><b>WEBSTER, RONALD S<br/>985 NORTH COLLIER BOULEVARD<br/>MARCO ISLAND, FL 34145</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>WEBSTER, Ronald S.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>979 N. Collier Blvd.</b><br>City <b>Marco Island</b> FL Zip Code <b>34145</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.                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                                                                                                                                                         |                                                                                                                                                |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | DATE                                                                                                                                                                                                                    |                                                                                                                                                |
| FILE NOW!!! FEE IS \$100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.                                                                                                              |                                                                                                                                                |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      | 10. ADDITIONS/CHANGES                                                                                                                                                                                                   |                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>AHRENS, NANCY C<br>724 ASHBURTON DRIVE<br>NAPLES, FL 34110 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | Ahrens Nancy C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10200 Orchid Ridge<br>Bonita Springs FL 34135   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>AHRENS, WILLIAM F<br>724 ASHBURTON DRIVE<br>NAPLES, FL 34110 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | Ahrens William F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10200 Orchid Ridge<br>Bonita Springs FL 34135 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>AHRENS, EDWARD W<br>305 CROSS TRIAL<br>MCHENTY, IL 60050 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | 500057615775<br>07/18/05--01071--010 **100.00                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | Date <b>6/28/05</b> Daytime Phone # <b>847-997-3580</b>                                                                                                                                                                 |                                                                                                                                                |