

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000024847

FILED
Oct 03, 2005
Secretary of State

Entity Name: LIVING COLOR PROPERTY DEVELOPMENT, LLC

Current Principal Place of Business:

900 EAST ATLANTIC AVE.
SUITE 5
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

900 EAST ATLANTIC AVE.
SUITE 5
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-0078815 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:

WALLIS & WALLIS, P.A.
2641 E. ATLANTIC BLVD., STE. 307
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

VALVO, CRAIG M MEMBER
900 EAST ATLANTIC AVE.
#5
DELRAY BEACH, FL 33483 US

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: CRAIG VALVO

10/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALVO, CRAIG M
Address: 900 EAST ATLANTIC AVE #5
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: PARHAM, DANA L
Address: 900 EAST ATLANTIC AVE #5
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: O'REILLY, THOMAS M
Address: 900 EAST ATLANTIC AVE #5
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG VALVO

MNGR

10/03/2005

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