2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# L03000027886

Entity Name: TECHNOLOGY VENTURE RESOURCES, LLC

Current Principal Place of Business:

1221 BRICKELL AVE.
9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

5781 CAPE HARBOUR DRIVE UNIT 607
CAPE CORAL, FL 33914

Current Mailing Address:

1221 BRICKELL AVE.
9TH FLOOR
MIAMI, FL 33131

New Mailing Address:

5781 CAPE HARBOUR DRIVE UNIT 607
CAPE CORAL, FL 33914

FEI Number: 20-0098511 **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:

MULLEE, SPENCER E
1221 BRICKELL AVE.
9TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MULLEE, SPENCER E
5781
CAPE CORAL, FL 33914 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: SPENCER E. MULLEE 03/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MULLEE, SPENCER E
Address: 1221 BRICKELL AVE. 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MULLEE, SPENCER E
Address: 5781 CAPE HARBOUR DRIVE #607
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify 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: SPENCER E. MULLEE MGR 03/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date