2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000036132

Entity Name: DWELLPHI DEVELOPMENT, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
715 BAYSHORE DRIVE 1004 FT. LAUDERDALE, FL 33304	200 S. ANDREWS AVE. 5C FT. LAUDERDALE, FL 33301
Current Mailing Address:	**New Mailing Address:**
715 BAYSHORE DRIVE #1004 FT. LAUDERDALE, FL 33304	200 S. ANDREWS AVE. 5C FT. LAUDERDALE, FL 33301

FEI Number: 74-3105301   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:	**Name and Address of New Registered Agent:**
TEICH, CRAIG A PRES. 715 BAYSHORE DRIVE #1004 FORT LAUDERDALE, FL 33304 US	TEICH, CRAIG A PRES. 200 S. ANDREWS AVE. 5C FORT LAUDERDALE, FL 33301 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 A. TEICH   10/08/2006
_____
          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	PRES ( ) Delete		Title:	PRES (X) Change ( ) Addition
Name:	TEICH, CRAIG A MR.		Name:	TEICH, CRAIG A MR.
Address:	715 BAYSHORE DRIVE #1004		Address:	200 S. ANDREWS AVE. SUITE 5C
City-St-Zip:	FORT LAUDERDALE, FL 33304		City-St-Zip:	FT. LAUDERDALE, FL 33301

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: CRAIG A. TEICH   PRES   10/08/2006
_____
     Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date