

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000046286

FILED
Mar 07, 2007
Secretary of State

Entity Name: KENTUCKY VENTURES I, LLC

Current Principal Place of Business:

361 SOUTH COUNTY RD, STE F
PALM BEACH, FL 33480

New Principal Place of Business:

8000 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33487

Current Mailing Address:

361 SOUTH COUNTY RD, STE F
PALM BEACH, FL 33480

New Mailing Address:

8000 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33487

FEI Number: 20-0503755 **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:

HCRM CORP.
2200 NE CORPORATE BLVD, STE 401
BOCA RATON, FL 334317369 US

Name and Address of New Registered Agent:

CALDWELL, MICHELLE A
8000 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33487 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: MICHELLE A. CALDWELL

03/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALONSO, RENE
Address: 361 S. COUNTY RD. STE F
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALONSO, RENE
Address: 361 SOUTH COUNTY ROAD, SUITE F
City-St-Zip: PALM BEACH, FL 33480

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: RENE ALONSO

MGR

03/07/2007

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