2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 10, 2006
Secretary of State

DOCUMENT# L03000050763

Entity Name: PHANTOM SHOPPERS, LLC

Current Principal Place of Business:

5064 LANTANA ROAD
STE 6311
LAKE WORTH, FL 33463

New Principal Place of Business:

2500 QUANTUM LAKES DRIVE
STE 203
BOYNTON BEACH, FL 33426

Current Mailing Address:

5064 LANTANA ROAD
STE 6311
LAKE WORTH, FL 33463

New Mailing Address:

2500 QUANTUM LAKES DRIVE
STE 203
BOYNTON BEACH, FL 33426

FEI Number: 20-0637838 **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:

HOWARD, BRIAN D
5064 LANTANA ROAD
STE 6311
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

HOWARD, BRIAN D
2500 QUANTUM LAKES DRIVE
STE 203
BOYNTON BEACH, FL 33426 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: BRIAN D. HOWARD 10/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HOWARD, BRIAN D
Address: 5064 LANTANA ROAD, STE 6311
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOWARD, BRIAN D
Address: 42B STOCKMAN AVENUE
City-St-Zip: SACO, ME 04072 US

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: BRIAN D. HOWARD MGR 10/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date