## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000003835

Entity Name: WILD ORCHID FARM, LLC

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 NORTH FLAGLER DRIVE, 9TH FLOOR 15500 46TH LANE SOUTH WEST PALM BEACH, FL 33401 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

625 NORTH FLAGLER DRIVE, 9TH FLOOR 15500 46TH LANE SOUTH WEST PALM BEACH, FL 33401 WELLINGTON, FL 33414

FEI Number: 41-2123794 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:

KATZ, MARTIN V

MARTY KATZ
625 NORTH ELAGLER DRIVE 9TH ELOOP
625 NORTH ELAGLER DRIVE 9TH ELOOP

625 NORTH FLAGLER DRIVE, 9TH FLOOR 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 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: MARTY KATZ 04/25/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: ( ) Delete Title: PRES ( ) Change (X) Addition

 Name:
 Name:
 HADLEY TOLLIVER,

 Address:
 Address:
 15500 46TH LANE SOUTH

 City-St-Zip:
 City-St-Zip:
 WELLINGTON, FL 33414

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: HADLEY TOLLIVER PRES 04/25/2006