

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000005127

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: FFFH, LLC

## Current Principal Place of Business:

C/O 81 SEAGATE DR, APT 803  
NAPLES, FL 341032484

## New Principal Place of Business:

81 SEAGATE DR  
APT. 803  
NAPLES, FL 34103

## Current Mailing Address:

C/O 81 SEAGATE DR, APT 803  
NAPLES, FL 341032484

## New Mailing Address:

P.O. BOX 2079  
PALM BEACH, FL 33480

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
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:

R & A AGENTS, INC.  
C/O WILLIAM R. O'NEILL, ESQ  
850 PARK SHORE DR, THIRD FLOOR  
NAPLES, FL 341033587 US

## Name and Address of New Registered Agent:

R & A AGENTS, INC.  
C/O WILLIAM R. O'NEILL, ESQ  
850 PARK SHORE DR, THIRD FLOOR  
NAPLES, FL 34103 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: WILLIAM R. O'NEILL

07/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: VISCONSI, THOMAS A  
Address: P.O. BOX 2079  
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: THOMAS A. VISCONSI, JR.

MGRM

07/03/2006

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