
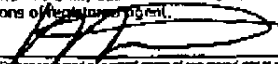
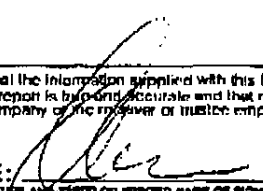


**2008 LIMITED LIABILITY COMPANY  
 REINSTATEMENT**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

09 MAY 27 PM 3:24

<b>DOCUMENT # L04000020047</b>					
1. Entity Name DOVE INVESTMENT PARTNERS, LLC					
Principal Place of Business 908 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445			Mailing Address P.O. BOX 6129 DELRAY BEACH, FL 33482		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 04-3811857				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LETTIERE, KRISTIN ESQ 7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of, the named agent.					
SIGNATURE 			KRISTIN COOMBER		12.30.08
FILE NUMBER: FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STATHAM, JERRY		NAME	900139531059	
STREET ADDRESS	908 FOXPOINTE CIRCLE		STREET ADDRESS	01/06/09--01007--023	**238.75
CITY-STATE-ZIP	DELRAY BEACH, FL 33445		CITY-STATE-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOTHIER, KENT		NAME	900139531059	
STREET ADDRESS	908 FOXPOINTE CIRCLE		STREET ADDRESS	05/27/09--01004--022	**138.75
CITY-STATE-ZIP	DELRAY BEACH, FL 33445		CITY-STATE-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, FREDERICK S		NAME		
STREET ADDRESS	908 FOXPOINTE CIRCLE		STREET ADDRESS		
CITY-STATE-ZIP	DELRAY BEACH, FL 33445		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			KENT CLOTHIER		12/29/08 561-512-7440

**REINSTATEMENT** 08-07-08