

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025356

FILED
Mar 14, 2007
Secretary of State

Entity Name: DWELLPHI+BEAU RIVAGE PARTNERS LLC

Current Principal Place of Business:

715 BAYSHORE DRIVE
1004
FORT LAUDERDALE, FL 33304

Current Mailing Address:

715 BAYSHORE DRIVE
#1004
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

200 S ANDREWS AVENUE
5C
FORT LAUDERDALE, FL 33301

New Mailing Address:

200 S ANDREWS AVENUE
5C
FT. LAUDERDALE, FL 33301

FEI Number: 20-1078077 **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:

TEICH, CRAIG A PRES.
715 BAYSHORE DRIVE
#1004
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

TEICH, CRAIG A CEO
200 S ANDREWS AVENUE
5C
FT. LAUDERDALE, FL 33301 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: CRAIG TEICH

03/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: TEICH, CRAIG A PRES.
Address: 715 BAYSHORE DRIVE #1004
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: TEICH, CRAIG A CEO
Address: 200 S ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: CRAIG A TEICH

CEO

03/14/2007

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