
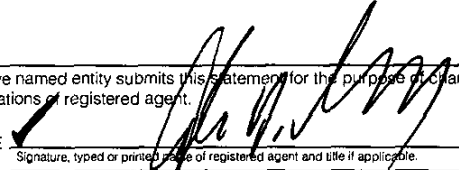


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000035631			
1. Entity Name ONE PARTNER, LLC			
Principal Place of Business 27 COLEYTOWN ROAD WESTPORT, CT 06880		Mailing Address 27 COLEYTOWN ROAD WESTPORT, CT 06880	
2. Principal Place of Business 132 Via Mariposa Suite, Apt. #, etc.		3. Mailing Address 132 Via Mariposa Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL Zip: 33418-6211 Country:		City & State Palm Beach Gardens, FL Zip: 33418-6211 Country:	
4. FEI Number 86-1107632		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			
7. Name and Address of New Registered Agent Name: Andrew Greenberg Street Address (P.O. Box Number is Not Acceptable): 132 Via Mariposa City: Palm Beach Gardens FL Zip Code: 33418-6211			
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 registered agent. SIGNATURE:  DATE: 2/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: GREENBERG, ANDREW STREET ADDRESS: 27 COLEYTOWN ROAD CITY-ST-ZIP: WESTPORT, CT 06880	<input checked="" type="checkbox"/> Delete	TITLE: Manager NAME: Andrew Greenberg STREET ADDRESS: 132 Via Mariposa CITY-ST-ZIP: Palm Beach Gardens, FL 33418-6211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	200066840292 02/28/06--01060--004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: 2/9/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 14 AM 11:20

