2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# L04000040865

Entity Name: LA DOLCE VITA PARTNERS, LLC

Current Principal Place of Business:

1213 SAVANNAH DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1213 SAVANNAH DRIVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 20-1182723 **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:

JONES, RITA S
1213 SAVANNAH DRIVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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: RITA S JONES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JONES, RITA S	
Address:	1213 SAVANNAH DR.	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGR	( ) Delete
Name:	LEVINE, MARINA	
Address:	4314 GREENLEAF CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	MGR	(X) Delete
Name:	KELLEY, BRANDI L	
Address:	2677 FEROL LANE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGR	( ) Delete
Name:	CHILLURA, ANTHONY	
Address:	2914 KINGS DR.	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGR	(X) Delete
Name:	SPENCER, MARY E	
Address:	206 BUNKER'S COVE ROAD	
City-St-Zip:	PANAMA CITY, FL 32401	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RITA S JONES MGRM 02/03/2006

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