


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000041083 1. Entity Name SOUTH SEAS NO. 1, L.L.C.						FILED 07 OCT 17 PM 3:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1116 EDINGTON PLACE MARCO ISLAND, FL 34145				Mailing Address 1116 EDINGTON PLACE MARCO ISLAND, FL 34145			
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	
6. Name and Address of Current Registered Agent JOHN A. NOLD, P.A. 995 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name <u>Schenk & Associates PLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>995 N. Collier Blvd.</u> City <u>Marco Island</u> <u>FL</u> Zip Code <u>34145</u>			
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 <u>Maximilian J. Schenk, Esq.</u> <u>10-10-07</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRANSKY, CAROLE <input type="checkbox"/> Delete 1116 EDINGTON PLACE MARCO ISLAND, FL 34145			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		
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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: <u>Carole Pransky</u> <u>Carole Pransky</u> (MGRM) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>10-10-07</u> <u>239-642-7784</u> <small>Date Daytime Phone #</small>			