

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000046519

Entity Name: NEWHAVEN LC

FILED  
Sep 26, 2005  
Secretary of State

## Current Principal Place of Business:

928 CYPRESS LAKE CIRCLE  
FT MYERS, FL 33919 US

## New Principal Place of Business:

12339 WOODROSE CT  
APT. #2  
FT MYERS, FL 33907 US

## Current Mailing Address:

928 CYPRESS LAKE CIRCLE  
FT MYERS, FL 33919 US

## New Mailing Address:

12339 WOODROSE CT  
APT. #2  
FT MYERS, FL 33907 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

O'GRADY, JAMES J  
928 CYPRESS LAKE CIRCLE  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

O'GRADY, JAMES J  
12339 WOODROSE CT  
APT. #2  
FT MYERS, FL 33907 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: JAMES J. O'GRADY

09/26/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: O'GRADY, JAMES J  
Address: 928 CYPRESS LAKE CIRCLE  
City-St-Zip: FT MYERS, FL 33919 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: O'GRADY, JAMES J  
Address: 12339 WOODROSE CT  
City-St-Zip: FT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES J. O'GRADY

MGRM

09/26/2005

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