2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 DEC 29 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000051596

1. Entity Name
NEW RIVER MORTGAGE & INVESTMENT LLC

Principal Place of Business	Mailing Address
150 N FEDERAL HWY #200 FT LAUDERDALE, FL 33301 US	150 N FEDERAL HWY #200 FT LAUDERDALE, FL 33301 US

10122005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
102 Spring Arbor Lane Suite, Apt. #, etc.	102 Spring Arbor Lane Suite, Apt. #, etc.
City & State: Lady Lake FL	City & State: Lady Lake FL
Zip: 32159 County: USA	Zip: 32159 County: USA

4. FEI Number: 421657883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEACH, MICHAEL ESQ 2400 E COMMERCIAL STE #706 FT LAUDERDALE, FL 33308	Name: ANN E. DIGGENS Street Address (P.O. Box Number is Not Acceptable) 102 Spring Arbor Lane City: Lady Lake FL Zip Code: 32159

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: ANN E. DIGGENS, R.A. Ann E Diggens 11/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required for filing) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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 PAPAGNO, JAMES 150 N FEDERAL HWY, #200 FT LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ANN E. DIGGENS 102 Spring Arbor Lane Lady Lake, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CR Thomas DEC 29 2005	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 605, Florida Statutes.

SIGNATURE: Ann E Diggens 11-21-05 7962084317
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JAMES PAPAGNO ANN E. DIGGENS