

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000052711

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** DUNBAR ROAD INVESTMENTS, LLC

**Current Principal Place of Business:**

72 DUNBAR ROAD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

72 DUNBAR ROAD  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

72 DUNBAR ROAD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

3355 BURNS RD STE 201  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 20-1384689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE STE. 1100  
WEST PALM BEACH, FL 33401 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:** LARRY B. ALEXANDER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** TUCHMAN, MICHAEL M.D.  
**Address:** 72 DUNBAR ROAD  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** TUCHMAN, MICHAEL M.D.  
**Address:** 72 DUNBAR ROAD  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

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:** MICHAEL M. TUCHMAN, M.D.

MGR

10/18/2005

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