


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 30 PM 2:53

DOCUMENT # LC4000052795 1. Entity Name EDSEL DRIVE, L.C.					
Principal Place of Business 402 CABOT FORKED RIVER, NJ 08731			Mailing Address PO BOX 591 MANASQUAN, NJ 08736		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 591			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MANASQUAN, NJ		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip 08736	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORRY, JILL C ESQUIRE 99 NESBIT STREET PUNTA GORDA FL 33950				7. Name and Address of New Registered Agent Name: William Tobin Street Address (P.O. Box Number is Not Acceptable) 15 LA GARE ST. City: PALM COAST FL 32137	
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>William Tobin</u> DATE: <u>10-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 BORIS, CHARLES 402 CABOT FORKED RIVER, NJ 08731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete BORIS ONLY PAHLER	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAHLER, EDWARD 1407 W. ATLANTIC AVE MANASQUAN, NJ 08736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800111466798 10/30/07--01008--006 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad			

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: Edward Pahl DATE: 10-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REINSTATEMENT 2007