

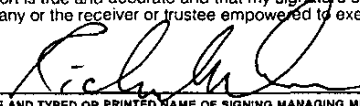


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000056582						SECRET STATE DIVISION OF CORPORATIONS 06 FEB 20 AM 11:02	
1. Entity Name PAUKER, LLC							
Principal Place of Business 3777 TAMiami TRAIL NORTH NAPLES, FL 34103				Mailing Address 3777 TAMiami TRAIL NORTH NAPLES, FL 34103			
2. Principal Place of Business		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				7. Name and Address of New Registered Agent			
JONES, RICHARD M 850 CENTRAL AVENUE, STE. 205 NAPLES, FL 34102				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	JONES, Richard M			STREET ADDRESS	400067313074		
CITY-ST-ZIP	850 Central Avenue, Ste. 205 Naples, FL 34102			CITY-ST-ZIP	03/07/06--01029--003 **100.00		
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				Richard M. Jones, Manager 2/16/6 239-262-5460 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			