

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057049

FILED
Sep 12, 2007
Secretary of State

Entity Name: OCEANVIEW PARTNERS, LLC

Current Principal Place of Business:

131 VIA FLORENZA
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

131 VIA FLORENZA
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-5064315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOONAN, THOMAS V
131 VIA FLORENZA
PALM BEACH GARDENS, FL 33418 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: THOMAS NOONAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILIP, LESLIE
Address: 40 TIFFANY CIR.
City-St-Zip: MAN HASSEI, NY 11030

Title: MGRM (X) Delete
Name: CASANE, GAIL
Address: 100 N. OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: NOONAN, THOMAS V
Address: 131 VIA FLORENZA
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHILIP, LESLIE
Address: 65 ORCHARD ST
City-St-Zip: MAN HASSEI, NY 11030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS

MGRM

09/12/2007

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