

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000065453

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Entity Name:** JMV-NPLES PARTNERS, LLC

**Current Principal Place of Business:**

7117 PELCIAN BAY BLVD., UNIT 808  
NAPLES, FL 34108

**New Principal Place of Business:**

6597 NICHOLAS BLVD., UNIT #406  
NAPLES, FL 34108

**Current Mailing Address:**

22725 MACK AVENUE, STE. 206A  
ST. CLAIR SHORES, MI 48080

**New Mailing Address:**

**FEI Number:** 20-2460511      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VOGT, JAMES M  
6573 MARISSA LOOP UNIT 304  
NAPLES, FL 34108    US

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

VOGT, JAMES M  
6597 NICHOLAS BLVD., UNIT #406  
NAPLES, FL 34108    US

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: JAMES M. VOGT

10/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VOGT, JAMES M  
Address: 22725 MACK AVE. STE. 206A  
City-St-Zip: ST. CLAIR SHORES, MI 48080

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. VOGT

MGRM

10/09/2006

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