

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000067838

FILED
Apr 02, 2007
Secretary of State

Entity Name: NUMBER SEVEN MANAGEMENT, LLC

Current Principal Place of Business:

3831 W. VINE STREET
SUITE 6
KISSIMMEE, FL 34741 US

New Principal Place of Business:

3831 W. VINE STREET
SUITE 44
KISSIMMEE, FL 34741 US

Current Mailing Address:

3831 W. VINE STREET
SUITE 6
KISSIMMEE, FL 34741 US

New Mailing Address:

3831 W. VINE STREET
SUITE 44
KISSIMMEE, FL 34741 US

FEI Number: 56-2483181 **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:

BARNES, PAUL K
2803 CRANE TRACE CIRCLE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

BARNES, PAUL K
10737 BOCA POINTE DRIVE
ORLANDO, FL 32836 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: PAUL K. BARNES

04/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNES, PAUL K
Address: 3831 W. VINE STREET, SUITE 6
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARNES, PAUL K
Address: 3831 W. VINE STREET, SUITE 44
City-St-Zip: KISSIMMEE, FL 34741 US

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: PAUL K. BARNES

MGR,

04/02/2007

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