2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L04000074337

Entity Name: 1798 SE VILLAGE GREEN PARTNERS, LLC

Current Principal Place of Business:

1798 SE VILLAGE GREEN
FORT ST. LUCY, FL 34952 US

New Principal Place of Business:

PO BOX 1472
JENSEN BEACH, FL 34958 US

Current Mailing Address:

1798 SE VILLAGE GREEN
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

PO BOX 1472
JENSEN BEACH, FL 34958 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KATSOCK, JOHN J
6681 SE HARBOR CIRCLE
STUART, FL 34996 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: JOHN J. KATSOCK 04/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ZLYNKOFF, NORMAN
Address: 6681 SE HARBOR CIRCLE
City-St-Zip: STUART, FL 34996 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZLINKOFF, NORMAN
Address: 6681 SE HARBOR CIRCLE
City-St-Zip: STUART, FL 34996 US

Title: MGR ( ) Change (X) Addition
Name: KATSOCK, JOHN J
Address: 6681 SE HARBOR CIRCLE
City-St-Zip: STUART, FL 34996

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: JOHN J. KATSOCK MGR 04/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date