

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000074694

Entity Name: MONCEAUX PROPERTIES, LLC

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

516 MONCEAUX ROAD
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

516 MONCEAUX ROAD
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 86-1117875 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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SEID, PHILIP
516 MONCEAUX ROAD
WEST PALM BEACH, FL 33405 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: PHILIP SEID

10/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERCUR, WILLIAM
Address: 101 NORTH CLEMATIS STREET STE. 202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: SEID, PHILIP
Address: 101 NORTH CLEMATIS STREET STE. 202
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: PHILIP SEID

MGRM

10/07/2005

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