

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000089700

**FILED**  
**Oct 16, 2006**  
**Secretary of State**

**Entity Name:** BISHOP HARBOR PARTNERS, L.L.C.

**Current Principal Place of Business:**

16 CARDINAL DRIVE  
PRINCETON JUNCTION, NJ 08550

**New Principal Place of Business:**

**Current Mailing Address:**

16 CARDINAL DRIVE  
PRINCETON JUNCTION, NJ 08550

**New Mailing Address:**

1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236

FEI Number: 20-2001007      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:**

SKOKOS, PETER Z  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236 US

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

SKOKOS, PETER Z  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 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: PETER Z. SKOKOS

10/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAR CAPITAL PARTNERS, , LLC  
Address: 16 CARDINAL DRIVE  
City-St-Zip: PRINCETON JUNCTION, NJ 08550

**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: PETER Z. SKOKOS

MGRM

10/16/2006

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