

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000006835

Entity Name: 760 COASTAL, L.L.C.

FILED
Nov 02, 2007
Secretary of State

Current Principal Place of Business:

2774 S. OCEAN DRIVE
PALM BEACH, FL 33480 US

New Principal Place of Business:

2774 S. OCEAN DRIVE
APT 301
PALM BEACH, FL 33480 US

Current Mailing Address:

2774 S., OCEAN DRIVE
PALM BEACH, FL 33480 US

New Mailing Address:

2774 S. OCEAN DRIVE
APT 301
PALM BEACH, FL 33480 US

FEI Number: 03-0555096 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:

MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

MADDALENA, ART
2774 S. OCEAN DRIVE
APT 301
PALM BEACH, FL 33406 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: ART MADDALENA

11/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MADDALENA, ART
Address: 2774 S. OCEAN DRIVE
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MADDALENA, ART
Address: 2774 S. OCEAN DRIVE APT 301
City-St-Zip: PALM BEACH, FL 33480 US

I hereby certify that the information supplied with this filing does not qualify 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: ART MADDALENA

MGR

11/02/2007

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