2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000017389

Entity Name: PARRISH PARTNERS, LLC

1819 MAIN STREET, SUITE 1100

SARASOTA, FL 34236

Address:

City-St-Zip:

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3910 GOLF PARK LOOP, SUITE #1 BRADENTON, FL 34203 **Current Mailing Address: New Mailing Address:** 3910 GOLF PARK LOOP, SUITE #1 BRADENTON, FL 34203 FEI Number: 20-2451159 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: Name and Address of New Registered Agent: WALLACK, MICHAEL M ESQ. WALLACK, MICHAEL M ESQ 100 WALLACE AVENUE, SUITE 333 1819 MAIN STREET, SUITE 1100 SARASOTA, FL 34236 US SARASOTA, FL 34237 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: MICHAEL M. WALLACK 01/05/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete TERAKIEWICZ, EDWARD Name: Name: 585 STEWART AVE., #409 Address: Address: City-St-Zip: GARDEN CITY, NY 11530 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BLOOM, JEREMY Name: Name: Address: 40 SE 5TH STREET, #502 Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CONIGLIO, SAMUEL M III Name: Name: 3910 GOLF PARK LOOP, SUITE 1 Address: Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GILANI, R. SHAH Name: 3910 GOLF PARK LOOP, SUITE 1 Address: Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition WALLACK, MICHAEL M WALLACK, MICHAEL M Name: Name:

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.

Address:

City-St-Zip:

100 WALLACE AVENUE, SUITE 333

SARASOTA, FL 34237

SIGNATURE: MICHAEL M WALLACK MGR 01/05/2007