2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# L05000033422

Entity Name: SAVVY VII INVESTMENT GROUP, LLC

Current Principal Place of Business:

4848 NW 7TH CT
PLANTATION, FL 333171412

New Principal Place of Business:

Current Mailing Address:

4848 NW 7TH CT
PLANTATION, FL 333171412

New Mailing Address:

FEI Number: 14-1926826 **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:

GUNISS, DONNA
4848 NW 7TH CT
PLANTATION, FL 333171412 US

Name and Address of New Registered Agent:

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: DONNA GUNISS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DUNN, LAURETTE	
Address:	4848 NW 7TH CT	
City-St-Zip:	PLANTATION, FL 333171412	
Title:	MGRM	( ) Delete
Name:	GORDON, FLAVIA	
Address:	4848 NW 7TH CT	
City-St-Zip:	PLANTATION, FL 333171412	
Title:	MGRM	( ) Delete
Name:	MCCLEAN, GWYNETHA	
Address:	4848 NW 7TH CT	
City-St-Zip:	PLANTATION, FL 333171412	
Title:	MGRM	( ) Delete
Name:	GUNISS, DONNA	
Address:	4848 NW 7TH CT	
City-St-Zip:	PLANTATION, FL 333171412	
Title:	MGRM	( ) Delete
Name:	SEATON, EDITH	
Address:	4848 NW 7TH CT	
City-St-Zip:	PLANTATION, FL 333171412	
Title:	MGRM	( ) Delete
Name:	MOORE, AUDREY	
Address:	4848 NW 7TH CT	
City-St-Zip:	PLANTATION, FL 333171412	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: DONNA GUNISS TREA 09/28/2007

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