

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 12 AM 10:05

DOCUMENT # L05000038349 1. Entity Name OGDEN VENTURES, L.L.C.					
Principal Place of Business 9615 ROYAL CALCUTTA PLACE BRADENTON, FL 34202			Mailing Address 9615 ROYAL CALCUTTA PLACE BRADENTON, FL 34202		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1003775	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J ONE TAMPA CITY CENTER, SUITE 2600 WILLIAMS SCHIFINO MANGIONE & STEADY, P.A. TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Ted Abrams Street Address (P.O. Box Number is Not Acceptable) 9615 Royal Calcutta Place City Bradenton FL Zip Code 34202		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Ted C. Abrams Ted C. Abrams 10/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ted C. Abrams Ted C. Abrams 10/6/06 813-250-0404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					