

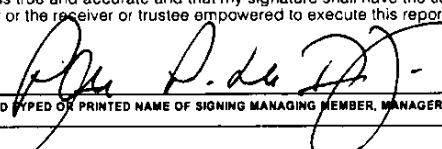


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

\$50.00

DOCUMENT # L05000062501					
1. Entity Name HARMONY ONE, LLC					
Principal Place of Business 273 TREMONT STREET DUXBURY, MA 02332			Mailing Address 273 TREMONT STREET DUXBURY, MA 02332		
2. Principal Place of Business 40 Marshside Drive		3. Mailing Address 40 Marshside Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Yarmouthport, MA		City & State Yarmouthport, MA		4. FEI Number 20-2855656	
Zip 02675		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIESER, COLLINS & VERNON, PL 3080 TAMiami TRAIL EAST NAPLES, FL 34112				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 checked="" type="checkbox"/> Addition	
			MGR Peter P. LaRocca 40 Marshside Drive Yarmouthport, MA 02675		
			11/14/06 01061 003 \$100.00		
			REINSTATEMENT 2006		
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:  11-10-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					