


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:55

DOCUMENT # L05000073293 1. Entity Name CSV CONCEPTS III, LLC					
Principal Place of Business 11995 SOUTHERN BLVD., BAYS #2 & #3 ROYAL PALM BEACH, FL 33411				Mailing Address 11995 SOUTHERN BLVD., BAYS #2 & #3 ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8291 Ravenrock Ct Suite, Apt. #, etc.			
City & State Zip		City & State Boynton Beach, FL Zip 33437		4. FEI Number 25-1921953 Applied For <input type="checkbox"/> Not Applicable	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL E. GHOUGASIAN, P.A. 2300 GLADES ROAD, SUITE 370-W BOCA RATON, FL 33431				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 <u>Paul E. Ghogasian, President</u> DATE <u>10/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	MGR VINGIANO, CHRISTOPHER 11995 SOUTHERN BLVD., BAYS #2 & #3 ROYAL PALM BEACH, FL 33411			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11995 SOUTHERN BLVD., BAYS #2 & #3 ROYAL PALM BEACH, FL 33411				800082263028 12/04/06--01055--009 ***50.00	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>10/26/06</u> Daytime Phone # <u>561-239-1295</u>	