

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000077551

FILED
Dec 21, 2006
Secretary of State

Entity Name: RIVERFRONT DEVELOPEMENT GROUP, LLC.

Current Principal Place of Business:

6348 SALADO DR.
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

133 S.E. 18TH AVENUE
DEERFIELD BEACH, FL 33441 US

Current Mailing Address:

6348 SALADO DR.
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

133 S.E. 18TH AVENUE
DEERFIELD BEACH, FL 33441 US

FEI Number: **FEI Number Applied For (X)** **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:

COGHILL, THOMAS E
6348 SALADO DR.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

COGHILL, THOMAS E
133 S.E. 18TH AVENUE
DEERFIELD BEACH, FL 33441 US

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: THOMAS E. COGHILL

12/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COGHILL, THOMAS E
Address: 6346 SALADO DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COGHILL, THOMAS E
Address: 133 S.E. 18TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: THOMAS E. COGHILL

MGR

12/21/2006

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