2006 LIMITED LIABILITY COMPANY

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS REINSTATEMENT DOCUMENT #L05000083871 06 SEP 29 AM 10: 55 1. Entity Name PORT ROYAL INVESTMENTS LLC Mailing Address Principal Place of Business 50008030830 09/29/06--01054-1100 6TH AVE SOUTH 1100 6TH AVE SOUTH #202 #202 NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09202006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD QUINCY, FL 32351 Zip Code City FL 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 Signature, typed or printed name of registered agent and talle if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITLE Change Addition FURTADO, RICHARD E NAME NAME STREET ADDRESS P.O. BOX 11657 STREET ADDRESS NAPLES, FL 34101 CITY-ST-7IP CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALEXANDER-FURTADO, ASHA A NAME STREET ADDRESS P.O. BOX 11657 STREET ADDRESS NAPLES, FL 34101 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition FURTADO, ALYSSA P NAME NAME STREET ADDRESS P.O. BOX 11657 STREET ADDRESS NAPLES, FL 34101 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition TITLE NAME NAME REWSTATEMENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

11. Thereby certify that the information supplied with this filling 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 comp d to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED DRYRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PORT ROYAL YACHTS INVESTMENTS, LLC 1100 6TH AVENUE SOUTH, # 202 NAPLES, FLORIDA 34102

September 20, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: 2006 Annual Report

Dear Department of State Representative:

Enclosed is a check for \$50. I respectfully request that you accept our enclosed payment and not charge me a late filing fee for sending this form in after May 1, 2006. The reason for not filing on time was due to a serious illness. I was in chemotherapy for about six months at the beginning of the year and was unable to file on time. I did not have help at the office and could not carry on with normal business activities. I'm now recuperating and trying to get organized.

Please abate all penalties and accept the enclosed payment of \$50.

Thank you for your time and consideration in this matter.

Rick Furtado