


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB 20 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000095816 1. Entity Name INVENT FUTURES, L.L.C.	
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Principal Place of Business 1518 OCEAN DRIVE VERO BEACH, FL 32963	Mailing Address 3345 OCEAN DRIVE STE 201 VERO BEACH, FL 32963
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

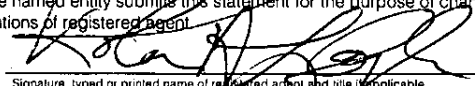
01022008 REIN-LLC CR2E101 (1/07)

City & State	City & State	4. FEI Number 20-3598660	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLOYD, ROBIN A SR. 3545 OCEAN DRIVE, SUITE 201 VERO BEACH, FL 32963	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  DATE **2-12-08**

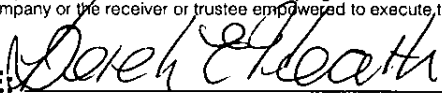
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, DEREK E	NAME	200116339882
STREET ADDRESS	1518 OCEAN DRIVE	STREET ADDRESS	01/29/08--01020--014 **377.50
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	

REINSTATEMENT 07-08

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  DATE **1-24-08** 772-234-4640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #