

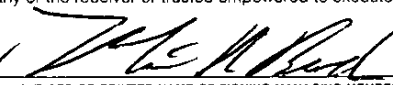


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 AM 9:26

DOCUMENT # L05000101820 1. Entity Name CROSS AVENUE PARTNERS, LLC			
Principal Place of Business 7730 PLEDGER LANE 14901 Murphy Rd SARASOTA, FL 34240 SARASOTA, FL 34240		Mailing Address 7730 PLEDGER LANE 14901 Murphy Rd SARASOTA, FL 34240 SARASOTA, FL 34240	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent INFANTI, MICHAEL P ESQ 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 11/8/06			
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 BUSH, MICHAEL R 7730 PLEDGER LANE 14901 Murphy Rd SARASOTA, FL 34240 SARASOTA, FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 600081775076 11/15/06--01003--011 **50.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Michael R. Bush <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		11/7/06 <small>Date</small>	941 780-7929 <small>Daytime Phone #</small>