2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000121352

Entity Name: HOBVAR PARTNERS, LLC

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

503 PEREGRINE DRIVE 980 N HIGHWAY A1A INDIALANTIC, FL 32903 INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

P.O. BOX 33100 466 ST LUCIA COURT

INDIALANTIC, FL 32903 SATELLITE BEACH, FL 32937

FEI Number: 20-4064728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARNES, G. MITCHELL JR

503 PEREGRINE DRIVE

466 ST LUCIA COURT

INDIALANTIC, FL 32903 US SATELLITE BEACH, FL 32937 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: MAUREEN H HOBGOOD 03/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: VARNES, G. MITCHELL JR Name: HOBGOOD, MAUREEN H

Address: 503 PEREGRINE DRIVE Address: 466 ST LUCIA COURT
City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: SATELLITE BEACH, FL 32937

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 HOBGOOD, CLIFTON JAMES
 Name:
 HOBGOOD, CLIFTON JAMES

 Address:
 603 N. ROBERT WAY
 Address:
 466 ST LUCIA COURT

City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR () Delete Title: MGR (X) Change () Addition Name: HOBGOOD, DAMIEN Name: HOBGOOD, DAMIEN

Address: 603 N. ROBERT WAY Address: 10770

City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify 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: MAUREEN H HOBGOOD MGR 03/28/2009