

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000031775

Entity Name: NEW PTRS, LLC

FILED
Sep 24, 2007
Secretary of State

Current Principal Place of Business:

801 W. ANN ARBOR TRAIL
SUITE 200
PLYMOUTH, MI 48170 US

New Principal Place of Business:

Current Mailing Address:

801 W. ANN ARBOR TRAIL
SUITE 200
PLYMOUTH, MI 48170 US

New Mailing Address:

FEI Number: 20-4722021 FEI Number Applied For () 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:

PILKINGTON, JAMES
2155 KHASIA POINTE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

PILKINGTON, JAMES
6265 SHADY OAKS LANE
NAPLES, FL 34119 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: KEVIN RUARK

09/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUARK, KEVIN
Address: 801 W. ANN ARBOR TRAIL, SUITE 200
City-St-Zip: PLYMOUTH, MI 48170 US

Title: MGR () Delete
Name: PILKINGTON, JAMES
Address: 2155 KHASIA POINTE
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PILKINGTON, JAMES
Address: 801 W. ANN ARBOR TRAIL, SUITE 200
City-St-Zip: PLYMOUTH, MI 48170 US

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: KEVIN RUARK

CEO

09/24/2007

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