2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# L06000068716

Entity Name: NAPLES FINANCIAL SERVICES, LLC

Current Principal Place of Business:

550 CRESCENT BLVD., SUITE 5
GLOUCESTER, NJ 08030

New Principal Place of Business:

Current Mailing Address:

550 CRESCENT BLVD., SUITE 5
GLOUCESTER, NJ 08030

New Mailing Address:

FEI Number: 20-5447733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOLPE, MICHAEL J ESQ.
% ROBINS, KAPLAN, MILLER & CIRESI, L.L.P.
711 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: MICHAEL VOLPE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALMOND, ROBERT J
Address: 550 CRESCENT BLVD., SUITE 5
City-St-Zip: GLOUCESTER, NJ 08030

Title: MGRM ( ) Delete
Name: DWYER, PHILIP
Address: 550 CRESCENT BLVD., SUITE 5
City-St-Zip: GLOUCESTER, NJ 08030

ADDITIONS/CHANGES:

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

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

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: ROBERT ALMOND CEO 09/28/2007

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