


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 AUG 25 AM 10:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000076684			
1. Entity Name TAGGART NAPLES I, LLC			
Principal Place of Business C/O TAGGART HOLDINGS, LTD., SPENCER HOUSE SPENCER ROAD, DERRY IRELAND BT47 6AA, XX		Mailing Address C/O TAGGART HOLDINGS, LTD., SPENCER HOUSE SPENCER ROAD, DERRY IRELAND BT47 6AA, XX	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 346 EMERALD BAY CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. AA-4	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
		34110	USA



08112009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5462452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name David C. Bourgeau Street Address (P.O. Box Number is Not Acceptable) Swalm, Bourgeau & Davies, P.A. 2375 Tamiami Trail No., Suite 308 City Naples FL Zip Code 34103	
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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.

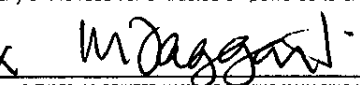
SIGNATURE  David C. Bourgeau 8/13/09
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAGGART, MICHAEL 198 LEGAVALLON ROAD DUNGIVEN CO DERRY BT47 6AA, XX <input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Margaret Taggart <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 346 Emerald Bay, AA-4 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000159806180 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/21/09--01029--006 **\$377.50
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08, 09 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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:  Margaret Taggart, VP 239-963-8712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #