

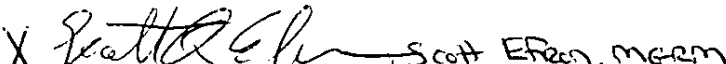



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000092218 1. Entity Name PARKVIEW HOUSE, LLC		
Principal Place of Business 2424 NORTH FEDERAL HWY STE 462 BOCA RATON, FL 33431		Mailing Address 2424 NORTH FEDERAL HWY STE 462 BOCA RATON, FL 33431
2. Principal Place of Business - No P.O. Box # 1730 S. Federal Highway Suite, Apt. #, etc. Ste 283 City & State Delray Beach, Florida Zip 33483	3. Mailing Address 1730 S. Federal Highway Suite, Apt. #, etc. Ste 283 City & State Delray Beach, Florida Zip 33483	4. FEI Number 20-5609228 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 DANIELS, STEVEN L ESQ 2424 NORTH FEDERAL HWY STE 462 BOCA RATON, FL 33431
7. Name and Address of New Registered Agent Name Steven L. Daniels, Esq. Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive 6th Floor City West Palm Beach FL Zip Code 33401		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  Steven L. Daniels DATE 10/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM <input type="checkbox"/> Delete NAME EFRON, SCOTT STREET ADDRESS 6075 VIA CRYSTALLE CITY-ST-ZIP DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111361767 10/25/07--01048--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  Scott Efron, mgrm <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 10/23/2007 (954) 677-9292 <small>Daytime Phone #</small>

FILED

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SECRETARY OF STATE
FLORIDA



REINSTATEMENT 07