

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 17, 2008  
Secretary of State**

DOCUMENT# L07000017833

Entity Name: ARGOSY PREMIUM FUNDING III, LLC

**Current Principal Place of Business:**

1515 N. FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N. FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

**New Mailing Address:**

1001 AVENIDA PICO  
SUITE C  
SAN CLEMENTE, CA 92673

FEI Number: 20-8485960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

BAXTER, JEFFREY L  
15500 NEW BARN ROAD  
SUITE 104  
MIAMI LAKES, FL 33014 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: JEFFEREY BAXTER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALMORE, DAVID  
Address: 1515 N. FEDERAL HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PALMORE, DAVID  
Address: 1001 AVENIDA PICO  
City-St-Zip: SAN CLEMENTE, CA 92673

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: DAVID PALMORE

MGRM

11/17/2008

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