

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000030728

FILED
Jun 25, 2009
Secretary of State

Entity Name: BARNES ISLAND HOLDINGS, LLC

Current Principal Place of Business:

5445 DTC PARKWAY
PENTHOUSE 4
GREENWOOD VILLAGE, CO 80111 US

New Principal Place of Business:

8547 EAST ARAPAHOE RD
SUITE J, #427
GREENWOOD VILLAGE, CO 80112 US

Current Mailing Address:

5445 DTC PARKWAY
PENTHOUSE 4
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

C/O REVERSE EXCHANGE PARTNERS
8547 E. ARAPAHOE RD, SUITE J, #427
GREENWOOD VILLAGE, CO 80112 US

FEI Number: 20-8936038 **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:

COHEN, NACE I
287 BURNT PINE DRIVE
NAPLES, FL 34119 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: NACE I. COHEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIDDEN COVE INVESTMENTS, LLC
Address: 5445 DTC PARKWAY
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELORANTO, MICHAEL
Address: 13798 E. WEAVER LN.
City-St-Zip: CENTENNIAL, CO 80111 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: MICHAEL ELORANTO

MGR

06/25/2009

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