

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000070035

FILED
Mar 01, 2009
Secretary of State

Entity Name: INTERNATIONAL DEVELOPMENT GROUP PARTNERS, LLC

Current Principal Place of Business:

98 U.S. 41
PALMETTO, FL 34221

New Principal Place of Business:

130 RIVIERA DUNES WAY
SUITE1003
PALMETTO, FL 34221

Current Mailing Address:

98 U.S. 41
PALMETTO, FL 34221

New Mailing Address:

130 RIVIERA DUNES WAY
SUITE 1003
PALMETTO, FL 34221

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

Name and Address of Current Registered Agent:

PEEBLES & MORIARTY, P.A.
1111 3RD AVENUE WEST
SUITE 210
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

ASFUR, SAMUEL J MANAGER
130 RIVIERA DUNES WAY
SUITE 1003
PALMETTO, FL 34221 US

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: SAMUEL J ASFUR

03/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ASFUR, SAMUEL J MGR
Address: 130 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Change (X) Addition
Name: ASFUR, ANTHONY R MGR
Address: 102 12TH AVE EAST
City-St-Zip: PALMETTO, FL 34221 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: ANTHONY R ASFUR

MGR

03/01/2009

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