

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000073107

**FILED**  
**Oct 08, 2008**  
**Secretary of State**

**Entity Name:** GREEN ISLAND VENTURES, LLC

**Current Principal Place of Business:**

3402 CAPTAINS WAY  
JUPITER, FL 33477

**New Principal Place of Business:**

950 S. PINE ISLAND ROAD  
SUITE A150  
PLANTATION, FL 33324

**Current Mailing Address:**

3402 CAPTAINS WAY  
JUPITER, FL 33477

**New Mailing Address:**

950 S. PINE ISLAND ROAD  
SUITE A150  
PLANTATION, FL 33324

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

VOYAGER DEVELOPMENT, LLC  
3402 CAPTAINS WAY  
JUPITER, FL 33477    US

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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: JIM PERKINS, VICE PRESIDENT

10/08/2008

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:                      MVP                      ( ) Change (X) Addition  
Name:                      RAMNARINE, RAMCHAND  
Address:                      950 S. PINE ISLAND ROAD, SUITE A150  
City-St-Zip:                      PLANTATION, FL 33324

Title:                      MS                      ( ) Change (X) Addition  
Name:                      PATRICK, GABRIELLE  
Address:                      950 S. PINE ISLAND ROAD, SUITE A150  
City-St-Zip:                      PLANTATION, FL 33324

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: GABRIELLE PATRICK

MS

10/08/2008

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