

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000002267

**Entity Name:** 1419 ASSOCIATES, LTD., LLC

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

781 GARWOOD ROAD  
MOORESTOWN, NJ 08057

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 640  
MOORESTOWN, NJ 08057

**New Mailing Address:**

**FEI Number:** 23-3083095      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

JURSINSKI, KEVIN F  
2222 SECOND STREET  
FORT MYERS, FL 33901      US

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

JURSINSKI, KEVIN F  
7800 UNIVERSITY POINTE DRIVE  
SUITE 200  
FORT MYERS, FL 33907      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: KEVIN F. JURINSKI

10/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LAWSON, FRANK E  
Address: 781 GARWOOD ROAD, P.O. BOX 640  
City-St-Zip: MOORESTOWN, NJ 08057

Title: MGRM      ( ) Delete  
Name: LAWSON, ANDREA  
Address: 781 GARWOOD ROAD, P.O. BOX 640  
City-St-Zip: MOORESTOWN, NJ 08057

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK LAWSON

PRES

10/12/2005

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