



FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000002403 1. Entity Name ARDENT MANAGEMENT, LLC			Secretary of State																																								
Principal Place of Business 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406		Mailing Address 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406																																									
DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent MAPES, PAUL 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406		DO NOT WRITE IN THIS SPACE																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">05/22/08-04162-023 138.75</div>																																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>MEYER, SYDELLE</td></tr><tr><td>STREET ADDRESS</td><td>1601 BELVEDERE ROAD, SUITE 407 SOUTH</td></tr><tr><td>CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33406</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>MEYER, WILLIAM</td></tr><tr><td>STREET ADDRESS</td><td>1601 BELVEDERE ROAD, SUITE 407 SOUTH</td></tr><tr><td>CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33406</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>ASARCH, GAIL</td></tr><tr><td>STREET ADDRESS</td><td>1601 BELVEDERE ROAD, SUITE 407 SOUTH</td></tr><tr><td>CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33406</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	MEYER, SYDELLE	STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH	CITY- ST- ZIP	WEST PALM BEACH, FL 33406	TITLE	MGRM	NAME	MEYER, WILLIAM	STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH	CITY- ST- ZIP	WEST PALM BEACH, FL 33406	TITLE	MGRM	NAME	ASARCH, GAIL	STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH	CITY- ST- ZIP	WEST PALM BEACH, FL 33406	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="text-align: right;">Date Daytime Phone #</div>																																									