

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000010142

FILED
Oct 29, 2008
Secretary of State

Entity Name: ARCADIA PROPERTIES, LLC

Current Principal Place of Business:

405 CENTRAL AVENUE, STE 100
ST. PETERSBURG, FL 33701

New Principal Place of Business:

405 CENTRAL AVENUE
SUITE 100
ST. PETERSBURG, FL 33701

Current Mailing Address:

405 CENTRAL AVENUE, STE 100
ST. PETERSBURG, FL 33701

New Mailing Address:

PO BOX 114
ST. PETERSBURG, FL 33731

FEI Number: 59-3704322 **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:

Name and Address of New Registered Agent:

GOLDSTEIN, BRUCE S
500 EAST KENNEDY BOULEVARD, SUITE 101-A
TAMPA, FL 33602 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: BRUCE GOLDSTEIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MCCLURE, J. RICHARD
Address: 405 CENTRAL AVENUE, STE 100-B
City-St-Zip: ST PETERSBURG, FL

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

Title: MGRM () Delete
Name: HARVEY, WILLIAM
Address: 166 SW CASSINE STREET
City-St-Zip: PALM CITY, FL

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

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: RICHARD MCCLURE

MGRM

10/29/2008

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