2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000033690

City-St-Zip: NAPLES, FL 34110

Entity Name: THE THUNDERBIRD GROUP, LLC

FILED Mar 31, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal P	New Principal Place of Business:	
	UM MARBLE HEAD BLVD. FL 34110			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
PO DRAW	D. ROYSTON, JR., PA /ER 60205 ERS, FL 33906			
	: 56-2306539 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability of	FEI Number Not Applicable (company did not receive the prior		
Name and	Address of Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
12670 NEV	N, ROBERT D JR. W BRITTANY BLVD., SUITE 101 ERS, FL 33907 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its regi	stered office or registered agent, or both	
SIGNATU	RE: ROBERT ROYSTON			
Electronic Signature of Registered Age		\gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete DAVIS, ROBERT J 1955 W FARM RD 186 SPRINGFIELD, MO 65810	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete DAVIS, BRIAN 2255 MALIBU LAKES CIRCLE # 323 NAPLES, FL 34110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () Delete RASGUINHA, WARREN 2215 MALIBU LAKES CIRCE # 727	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: BRIAN DAVIS VP 03/31/2009