
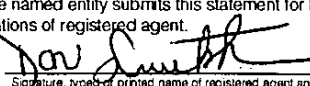
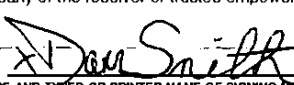


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 8:54

DOCUMENT # L02000034132 1. Entity Name PRINCETON SEARCH - TAMPA L.L.C.		
Principal Place of Business 401 EAST JACKSON ST., STE. 1430 TAMPA, FL 33602		Mailing Address 401 EAST JACKSON ST., STE. 1430 TAMPA, FL 33602
2. Principal Place of Business	3. Mailing Address 88 ORCHARD RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2ND FLOOR	
City & State TAMPA, FL		City & State SKILLMAN, NJ
Zip 33602	Country FL	Zip 08558
4. FEI Number 45-0486163		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SMITH, DAN 401 EAST JACKSON ST., STE. 1430 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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  Dan Smith <small>Signature, type or printed name of registered agent and title if applicable</small>		DATE (NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DAN 401 EAST JACKSON ST., STE. 1430 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPEAS, DAVID 1326 RT 206 STE. 30 88 Orchard Rd SKILLVAN, NJ 08558	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP SKINS, GARY 1326 RT 206 STE. 30 88 Orchard SKILLVAN, NJ 08558	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 500065832365 02/14/06--01034--028 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 1/20/06 Daytime Phone #: (908) 281-6023