

**2005 LIMITED LIABILITY COMPANY
 REINSTATEMENT**

FILED

05 JAN 20 PM 3:30

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

RECEIVED

DOCUMENT # L03000003635
 1. Entity Name
PUBLIC ADVOCATE, LLC



Principal Place of Business Mailing Address
 1517 OAK WAY 1517 OAK WAY
 SARASOTA, FL 34233 SARASOTA, FL 34233

2. Principal Place of Business 3. Mailing Address
333 South Tamiami Trail Same

Subs. Apt. #, etc. Subs. Apt. #, etc.
SUITE 336 TAMMIE CT

City & State City & State
VENICE FL 33510

Zip County Zip County
33510 Sarasota

8. Name and Address of Current Registered Agent
**GALLAGHER, SHELLY A ESQ
 1205 MANATEE AVE. WEST
 BRADENTON, FL 34205**

4. FBI Number Applied For
 Not Applicable

6. Certificate of Status Desired \$5.00 Additional
 Not Applicable Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

I, the above named entity, submit 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 _____ DATE _____
Signers: Agent or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$206.00 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Proprietor Charles S. Holmes 816 Sharscott Dr. Sarasota FL 34232	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	SN4223900291 08/06/04 90060003 \$55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	REINSTATEMENT-2004 w/o penalty	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/>

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: Charles S. Holmes Date: 1/18/05 3412670
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE