


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 9:43

DOCUMENT # L04000014068			
1. Entity Name ULMERTON PROPERTIES LLC			
Principal Place of Business 7325 ULMERTON ROAD LARGO, FL 33771		Mailing Address 7325 ULMERTON ROAD LARGO, FL 33771	
2. Principal Place of Business		3. Mailing Address 8 Hollywood BLVD N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Forked River, NJ	
Zip	Country	Zip	Country
		08731	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	MGRM SPADA, ANSEL 6 INVERNESS COURT MONROE TWP, NJ 08831	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 Hollywood Blvd N Forked River, NJ 08731
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060497987 10/11/05--01056--020 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT
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 606, Florida Statutes.			
SIGNATURE: <u>ANSEL SPADA</u>		Date: <u>10/6/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>973-887 7300</u>	