

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000016729		
1. Entity Name LAKESIDE GARDENS MOBILE HOME PARK, LLC		

Principal Place of Business 13897 U S HIGHWAY 27 LAKE WALES, FL 33859	Mailing Address 621 ISLAND PLACE WAY TAMPA, FL 33602
---	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 17802 Arbor Greene Dr. Suite, Apt. #, etc.
---	---

City & State Tampa, FL	City & State Tampa, FL
Zip 33647	Country Hillsborough

FILED
07 JUN 20 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

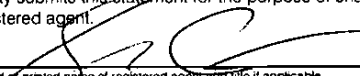


03132007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-2709305	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.	

6. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name STEVEN G. CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 17802 ARBOR GREENE DR. City TAMPA FL Zip Code 33647
--	---

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.

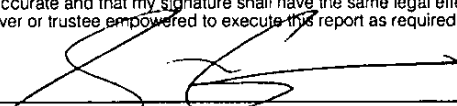
SIGNATURE  DATE 6-14-07

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
-----------------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, STEVEN G 621 ISLAND PLACE WAY TAMPA, FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, STEVEN G 17802 ARBOR GREENE DR. TAMPA FL 33647 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104890012 06/26/07--01049--027 **2000 00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006-2007 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 6-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE