


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 12 AM 10:05

DOCUMENT # L05000017874 1. Entity Name TAMPA BRANDON EXPRESS, LLC	
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Principal Place of Business 3500 BLUE LAKE DRIVE, STE. 200 BIRMINGHAM, AL 35243 <i>2824 Linden Avenue Birmingham, AL 35209</i>	Mailing Address P.O. BOX 531000 P.O. Box 59258 BIRMINGHAM, AL 35253- 35259
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2. Principal Place of Business 2824 Linden Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 59258 Suite, Apt. #, etc.
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City & State Birmingham, AL	City & State Birmingham, AL	4. FEI Number 20-2383295	Applied For <input type="checkbox"/> Not Applicable
Zip 35209	Country USA	Zip 35259	Country USA

10102006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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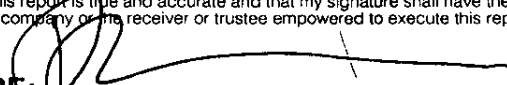
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete Commercial Property Management, LLC c/o Derek R. Waltschack 2824 Linden Ave Birmingham, AL 35209	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080785995 10/12/06--01064--013 **\$155.00
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
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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

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

Date: **10/11/06** 2059779797
Daytime Phone #