



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:13

DOCUMENT # L05000043824 1. Entity Name ITALIANO DEVELOPMENT COMPANY, LLC					
Principal Place of Business % DAVID M. BOGGS, ESQ. 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602			Mailing Address % DAVID M. BOGGS, ESQ. 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		
2. Principal Place of Business 5607 Johns Road Suite, Apt. #, etc. Suite 1001 City & State Tampa, Florida Zip 33634 Country USA		3. Mailing Address 5607 Johns Road Suite, Apt. #, etc. Suite 1001 City & State Tampa, Florida Zip 33634 Country USA			
4. FEI Number 10132006 REIN-LLC CR2E101 (11/05) 03-0557760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Sal Italiano</u>				Date: <u>10/20/06</u> Daytime Phone #: <u>813-254-253</u>	