


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 FEB 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000079598 1. Entity Name STANDARD PROPERTY DEVELOPMENT, LLC	
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Handwritten initials: PDL

Principal Place of Business 300 SOUTH ORANGE AVE., SUITE 1000 (BJM) ORLANDO, FL 32801	Mailing Address 300 SOUTH ORANGE AVE., SUITE 1000 (BJM) ORLANDO, FL 32801
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600143873556
02/18/09--01005--019 **377.50



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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Handwritten initials: OS

02132009 REIN-LLC CR2E101 (1/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 71-0989923	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (BJM) ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 /s/ J. GREGORY HUMPHRIES 2/17/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Handwritten signature: JGH

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. PARMEE, STEVE <input type="checkbox"/> Delete 6533 CARTMEL LANE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. VENTURELLA, GEORGE <input type="checkbox"/> Delete 6533 CARTMEL LANE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008-2009

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: *[Handwritten Signature]* 2-17-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #