
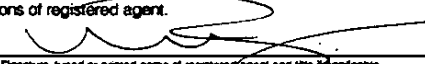
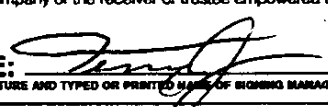


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:25

DOCUMENT # L05000092703			
1. Entity Name DAEWOO OF TAMPA, L.L.C.			
Principal Place of Business 5408 ALDENA DR. TAMPA, FL 33614		Mailing Address 5408 ALDENA DR. TAMPA, FL 33614	
2. Principal Place of Business 5408 ALDENA Dr.		3. Mailing Address 5408 ALDENA Dr.	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
City & State TAMPA FL.		City & State TAMPA FL.	
Zip 33614		Zip 33614	
<small>Country</small>		<small>Country</small>	
4. FEI Number 20-3497853		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		7. Name and Address of New Registered Agent	
COLVER, KEVIN M 13577 FEATHER SOUND DRIVE SUITE 550 CLEARWATER, FL 33762		Name Hamden H Baskin III	
		Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Dr. #550	
		City Clearwater FL Zip Code 33762	
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 		Hamden H Baskin III 11-3-06	
<small>Signature, typed or printed name of registered agent. Use P-Applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<small>DATE</small>		<small>DATE</small>	
FILE NOW! FEE IS \$50.00 <small>After January 1, 2007, Fee will be \$100.00</small>		In accordance with s. 607.183(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	President TERRY Jones 5408 ALDENA Dr. TAMPA FL 33614	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081775067 11/15/06--01003--010 **50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<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: 		President 10-30-06 813-441-9000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: DAEWON OF TAMPA LLLC
2. The mailing address of the limited liability company is: 5408 ALDANA DR.
TAMPA FL 33614
- _____ L05000092703 _____
3. Date of filing/registration in Florida _____ 4. Document number _____

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kevin M. Collier
Name
13577 Feather Sound Dr. #550
Address
Clearwater FL 33762
City, State and Zip

6. The name and address of the new registered agent and/or office:

Hamden H. Baskin, III
Name
13577 Feather Sound Dr #550
Florida street address (P.O. Box NOT acceptable)
Clearwater FL 33762
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

TERRY JONES
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00