


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000053457 1. Entity Name L&P LLC	
--	---

FILED
 2005 MAY 11 AM 11:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 8843 BEN ROWE ROAD MACCLENNY, FL 32063 US	Mailing Address P.O. BOX 342 GLEN ST. MARY, FL 32040 US
--	--



2. Principal Place of Business 8843 BEN ROWE RD Suite, Apt. #, etc.	3. Mailing Address P.O. Box 342 Suite, Apt. #, etc.
--	--

04282005 REIN-LLC CR2E101 (6/04)

City & State MACCLENNY, FL	City & State GLEN ST. MARY		
Zip 32063	Country BAKER	Zip FL	Country 32040

4. FEI Number	Applied For <input checked="" 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 GRIFFIS, HAROLD L JR. 8843 BEN ROWE ROAD MACCLENNY, FL 32063	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: Harold L. Griffis Jr. DATE: 04/29/05

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

FILE NOW!!! FEE IS \$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	MGR GRIFFIS, HAROLD L JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8843 BEN ROWE ROAD	NAME	
STREET ADDRESS	MACCLENNY, FL 32063	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, LEON P	NAME	
STREET ADDRESS	9499 ASH ROAD	STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY, FL 32063	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

900055717099
 06/03/05--01048--009 **100.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harold L. Griffis DATE: 04/29/05 DAYTIME PHONE #: 591-0311

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