

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086140

FILED
May 04, 2007
Secretary of State

Entity Name: SHOWCASE HOMES OF PINELLAS COUNTY, LLC

Current Principal Place of Business:

6901 TENTH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

625 66TH STREET NORTH
ST. PETERSBURG, FL 33710 US

Current Mailing Address:

6901 TENTH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Mailing Address:

625 66TH STREET NORTH
ST. PETERSBURG, FL 33710 US

FEI Number: 20-3389904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PELOSI, JAMES J
6901 TENTH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

PELOSI, JAMES C
625 66TH STREET NORTH
ST. PETERSBURG, FL 33710 US

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.

SIGNATURE: JAMES C. PELOSI

05/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PELOSI, JAMES J
Address: 6901 TENTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PELOSI, JAMES C
Address: 625 66TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C. PELOSI

MGRM

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date