


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
05 JAN 26 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L00000006281</b>		
1. Entity Name <b>POMPAÑO MANAGEMENT GROUP LLC</b>		

Principal Place of Business <b>360 SOUTH SHORE DR SARASOTA, FL 34234 US</b>	Mailing Address <b>12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934</b>
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2. Principal Place of Business <b>SUITE 401 302 REGENT STREET LONDON W1H 3BB UNITED KINGDOM</b>	3. Mailing Address <b>1220 N. Market St. Suite 804 Wilmington, DE 19801, USA</b>
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01102005 REIN-LLC CR2E101 (6/04)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234</b>	
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7. Name and Address of New Registered Agent	
Name	
Street	<b>Florida Filing &amp; Search Services 1333 North Duval Street</b>
City	<b>Tallahassee, FL 32303</b>
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>1/24/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$200.00</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAYNER, MARK RONALD ANNESLEY HOUSE, RECTORY ROAD ESSEX, UNITED KINGDOM, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAYNER, SYLVIA ANNESLEY HOUSE, RECTORY ROAD ESSEX, UNITED KINGDOM, <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>01/10/2005</b> <small>Date</small>	Daytime Phone # <small>Daytime Phone #</small>
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FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303  
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-26-05

NAME: POMPAÑO MANAGEMENT GROUP LLC

TYPE OF FILING: REINSTATEMENT

COST: \$200

RETURN:

RECEIVED  
05 JAN 26 AM 10:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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