

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000005710

FILED
Sep 29, 2005
Secretary of State

Entity Name: THOMAS E. LAMB & ASSOCIATES, LLC

Current Principal Place of Business:

1510 SOUTH MACDILL AVE.
TAMPA, FL 33629

New Principal Place of Business:

218 S. MATANZAS AVENUE
TAMPA, FL 33609

Current Mailing Address:

604 VANDER BAKER RD
TAMPA, FL 33617

New Mailing Address:

218 S. MATANZAS AVENUE
TAMPA, FL 33609

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUGHES, SHEA
604 VANDER BAKER RD
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

CASTELLANO, NELSON T
101 E. KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602 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: NELSON T. CASTELLANO

09/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUGHES, SHEA
Address: 604 VANDERBAKER RD
City-St-Zip: TAMPA, FL 33617

Title: MGR (X) Delete
Name: LAMB, THOMAS E
Address: 1510 SOUTH MACDILL AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAMB, THOMAS E
Address: 218 S. MATANZAS AVENUE
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS E. LAMB

MGR

09/29/2005

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