

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000007463

FILED
Dec 08, 2004
Secretary of State

Entity Name: SAFE HAVEN PROPERTY INVESTORS, LLC

Current Principal Place of Business:

725 ARGYLE PLACE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

314 SPRINGDALE PLACE
TEMPLE TERRACE, FL 33617

Current Mailing Address:

P.O. BOX 290656
TAMPA, FL 336870656

New Mailing Address:

FEI Number: 59-3719326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DENT, JAMES L
Address: P.O. BOX 290656
City-St-Zip: TAMPA, FL 336870656

Title: MGR () Delete
Name: MALVEAUX DENT, WILLYE
Address: P.O. BOX 290656
City-St-Zip: TAMPA, FL 336870656

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DENT, WILLYE M
Address: P.O. BOX 290656
City-St-Zip: TAMPA, FL 336870656

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: WILLYE MALVEAUX DENT

MGR

12/08/2004

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