


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -1 AM 8:31

DOCUMENT # L01000007680					
1. Entity Name CASA DEL PIRATA, LLC					
Principal Place of Business 7491 NORTH FEDERAL HIGHWAY C-5 PMB 216 BOCA RATON, FL 33487			Mailing Address 7491 NORTH FEDERAL HIGHWAY C-5 PMB 216 BOCA RATON, FL 33487		
2. Principal Place of Business 6469 NW 79 way			3. Mailing Address 6469 NW 79 way		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PARKLAND FL			City & State PARKLAND, FL		
Zip 33067		Country	Zip 33067		Country
4. FEI Number 65-1104111			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G JR. 3275 WEST HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH, FL 33487			7. Name and Address of New Registered Agent Name THOMAS STOUT Street Address (P.O. Box Number is Not Acceptable) 6469 NW 79 way City PARKLAND FL Zip Code 33067		
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  THOMAS STOUT DATE 1/20/05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, THOMAS R 442 COMMODORE CR DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6469 NW 79 way PARKLAND, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOUT, DEBBIE 442 COMMODORE CIR DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6469 NW 79 way PARKLAND, FL 33067	<input checked="" 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
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
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
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.			REINSTATEMENT 04-05 800046364628 02/10/05--01012--021 **200.00		
SIGNATURE:  THOMAS STOUT			1/20/05 9543412492		
SIGNATURE: <small>IL TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date Daytime Phone #		