

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000009773

FILED
Jun 02, 2009
Secretary of State

Entity Name: TRSP FLORIDA VENTURES, L.L.C.

Current Principal Place of Business:

3936 TAMIAMI TR., N.
SUITE D
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3936 TAMIAMI TR., N.
SUITE D
NAPLES, FL 34103

New Mailing Address:

FEI Number: 47-0853047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GISSELBECK, R. PETER
3936 TAMIAMI TR., NORTH, STE D
NAPLES, FL 34103 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: TRSP FLORIDA VENTURES, LLC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEVINE, PAMELA C
Address: 5637 TURTLE BAY DR. #23
City-St-Zip: NAPLES, FL 34108 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MR. () Change (X) Addition
Name: DEVINE, THOMAS W
Address: 7640 SOUTH SHORE DRIVE
City-St-Zip: CHANHASSEN, MN 55317

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: PAMELA DEVINE

MS

06/02/2009

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