



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 11 AM 10:38

REINSTATEMENT 04-05

| | | |
|---|--|---|
| DOCUMENT # L01000015703 1. Entity Name PRICED RIGHT PROPERTIES, LLC | |  |
| Principal Place of Business 9900 W. SAMPLE RD. #300 CORAL SPRINGS, FL 33071 | | Mailing Address 9900 W. SAMPLE RD. #300 CORAL SPRINGS, FL 33071 |
| 2. Principal Place of Business <i>1833 coral ridge dr.</i> Suite, Apt. #, etc. <i>1833</i> | 3. Mailing Address <i>1833 coral ridge dr</i> Suite, Apt. #, etc. <i>1833</i> |  |
| City & State <i>coral springs, fl.</i> | City & State <i>coral springs, fl.</i> | 4. FEI Number 65-1134397 |
| Zip <i>33071</i> | Country <i>BROWARD</i> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent RUOCCO, CLEMENTINA 1833 CORAL RIDGE DR CORAL SPRINGS, FL 33071 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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>Clementina Ruocco</i> DATE <i>02/08/05</i> <small>Signature, typed or printed name of registered agent and title 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 | MGRM RUOCCO, THOMAS S 1833 CORAL RIDGE DR. CORAL SPRINGS, FL 33071 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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>Thomas S. Ruocco</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date <i>02/08/05</i> Daytime Phone # <i>954-776-0985</i> |