

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PM 1:38

DOCUMENT # L02000000550 1. Entity Name PASCO LAND BARONS, L.L.C.	
---	---

Principal Place of Business 100 CARILLON PKWY STE 100 SAINT PETERSBURG, FL 33716	Mailing Address 100 CARILLON PKWY STE 100 SAINT PETERSBURG, FL 33716
--	--

2. Principal Place of Business - No P.O. Box # 10851 Mangrove Cay Ln Suite, Apt. #, etc. NE # 413	3. Mailing Address PO Box 22326 Suite, Apt. #, etc.
--	---

City & State St. Petersburg FL Zip 33716 Country USA	City & State St. Petersburg FL Zip 33742 Country USA
--	--



05062008 REIN-LLC CR2E101 (1/07)

4. FEI Number 02-0555690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRD ROBERT W 100 CARILLON PKWY STE 100 SAINT PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name Robert W. Byrd Street Address (P.O. Box Number is Not Acceptable) 10851 Mangrove Cay Lane NE # 413 City, State, Zip Code St. Petersburg FL 33716

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 Robert W. Byrd Robert W. Byrd DATE 5/7/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BYRD, ROBERT W 100 CARILLON PKWY STE 100 SAINT PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10851 Mangrove Cay Ln NE # 413 St. Petersburg, FL 33716
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 700129051247 05/12/08--01052--009 **377.50
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 REINSTATEMENT 2007-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert W. Byrd Robert W. Byrd DATE 5/7/08 727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #