


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PM 1:38

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

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| Principal Place of Business 100 CARILLON PKWY STE 100 SAINT PETERSBURG, FL 33716 | Mailing Address 100 CARILLON PKWY STE 100 SAINT PETERSBURG, FL 33716 |
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| 2. Principal Place of Business - No P.O. Box # 10851 Mangrove Cay Ln | 3. Mailing Address PO Box 22326 |
| Suite, Apt. #, etc. # 413 | Suite, Apt. #, etc. |
| City & State St. Petersburg FL | City & State St. Petersburg FL |
| Zip 33716 | Country USA |
| Zip 33742 | Country USA |



05062008 REIN-LLC CR2E101 (1/07)

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|---|--|---|
| 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 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** 5/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|------------------------------------|--|
| 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 <input type="checkbox"/> Delete | 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 |
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| 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 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** 5/7/08 **727-461-0859**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2007-08