

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000005024

FILED
Nov 01, 2004
Secretary of State

Entity Name: TAMPA ROAD HOLDINGS LLC

Current Principal Place of Business:

3895 TAMPA ROAD
OLDSMAR, FL 34677

New Principal Place of Business:

New Mailing Address:

168 RUE DES CHATEAUX
TARPON SPRINGS, FL 34688

Current Mailing Address:

3895 TAMPA ROAD
OLDSMAR, FL 34677

FEI Number: 02-0562957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

DIANA, NICHOLAS
168 RUE DES CHATEAUX
TARPON SPRINGS, FL 34688 US

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DIANA, N. CHOLAS
Address: 168 RUE DES CHATEAUX
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM () Delete
Name: DIANA, DINA
Address: 168 RUE DES CHATEAUX
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIANA, NICHOLAS
Address: 168 RUE DES CHATEAUX
City-St-Zip: TARPON SPRINGS, FL 34688

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DINA DIANA

MGRM

11/01/2004

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