

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 18 AM 9:20

DOCUMENT # L02000015584 1. Entity Name PARCEL 309, LLC			
Principal Place of Business 1945 17TH STREET SARASOTA, FL 34234		Mailing Address 1945 17TH STREET SARASOTA, FL 34234	
2. Principal Place of Business 8221 Blaikie Court		3. Mailing Address P.O. Box 2838	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34240		Zip 34240	
Country 		Country Sarasota	
4. FEI Number 42-1543644		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 WILSON, CHARLES H 1945 17TH STREET SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name Wilson, Charles H Street Address (P.O. Box Number is Not Acceptable) 8221 Blaikie Court City Sarasota FL Zip Code 34240	
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 <u>Charles H. Wilson</u> DATE <u>1/6/06</u> <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 \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H 2341 PORTER LAKE DRIVE #207 SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilson, Charles H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8221 Blaikie Court Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBINO, G. KELLY 9015 TOWN CENTER PKWY #105 LAKEWOOD RANCH, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000650027610 02/01/06--01083--015 ***100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James, E. Russel 8221 Blaikie Court Sarasota FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>05-06</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James, E. Russel 8221 Blaikie Court Sarasota FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>05-06</u> <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: <u>Charles H. Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/6/06</u> Daytime Phone # <u>941-957-1030</u>	