
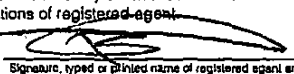



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000032570			
1. Entity Name LA RISA DEVELOPMENT CO., LLC			
Principal Place of Business 880 MANDALAY AVENUE, C-908 CLEARWATER BEACH, FL 33767		Mailing Address 880 MANDALAY AVENUE, C-908 CLEARWATER BEACH, FL 33767	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FLYNT, ROBERT L 2424 CURLEW RD PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 		DATE 10 Mar 05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P	TITLE	
NAME	FLYNT, ROBERT L	NAME	
STREET ADDRESS	880 MANDALAY AVENUE, C-908	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP	800048157368
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE 10 Mar 05 (727) 785-4070 (727) 504-6134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

FILED
05 MAR 10 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102005 REIN-LLC CR2E101 (6/04)

4. FEI Number 03-0467875 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

REINSTATEMENT 2004-2005

CSC.



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 250737-005 5674A

AUTHORIZATION :

COST LIMIT : \$ 205.00

Patricia Pizano

ORDER DATE : March 10, 2005

ORDER TIME : 12:44 PM

ORDER NO. : 250737-005

CUSTOMER NO: 5674A

CUSTOMER: Ms. Gail L. Wyllie
Kimpton, Burke & Bobenhausen,
Suite 100
28059 U.S. Highway 19, North
Clearwater, FL 33761-2698

05 MAR 10 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOMESTIC FILINGS

NAME: LA RISA DEVELOPMENT CO., LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - Ext# 2916

EXAMINER'S INITIALS _____

RECEIVED
05 MAR 10 PM 2:41
DIVISION OF CORPORATION