

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000007000

Entity Name: LACEY LLC

FILED
Jan 14, 2006
Secretary of State

Current Principal Place of Business:

2627 SHIRLEY WAY APT 102
LEESBURG, FL 34748 US

New Principal Place of Business:

P.O. BOX 490703
LEESBURG, FL 34749 US

Current Mailing Address:

P.O. BOX 493913
LEESBURG, FL 34749 US

New Mailing Address:

P.O. BOX 490703
LEESBURG, FL 34749 US

FEI Number: 75-3102449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LACEY, TONYETTE D
2627 SHIRLEY WAY APT 102
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

LACEY, TONYETTE D
714 MCKENZIE ST
LEESBURG, FL 34748 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: TONYETTE D. LACEY

01/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACEY, GERALD A
Address: 2627 SHIRLEY WAY APT. 102
City-St-Zip: LEESBURG, FL

Title: MGRM () Delete
Name: LACEY, TONYETTE D
Address: 2627 SHIRLEY WAY APT 102
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LACEY, GERALD A
Address: P.O. BOX 493913
City-St-Zip: LEESBURG, FL 34749

Title: MGRM (X) Change () Addition
Name: LACEY, TONYETTE D
Address: 714 MCKENZIE ST
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TONYETTE D. LACEY

MGRM

01/14/2006

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