


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 9:19
H

DOCUMENT # L03000007016	
1. Entity Name B AND A INVESTMENTS, LLC	

Principal Place of Business 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819	Mailing Address 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819
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2. Principal Place of Business 1166 Terra Mango Loop Suite, Apt. #, etc. Suite 200 City & State Orlando, FL Zip 32835 Country USA	3. Mailing Address 1166 Terra Mango Loop Suite, Apt. #, etc. Suite 200 City & State Orlando, FL Zip 32835 Country USA
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01042007 REIN-LLC CR2E101 (11/05)

4. FEI Number 61-1443612	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 KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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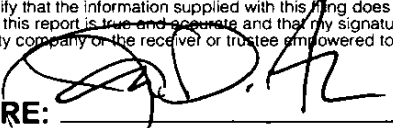
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKERS, JAMES D 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKERS, James D. 1166 Terra Mango Loop, Suite 200 Orlando, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200084741972 01/17/07--01040--013 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: 	1/3/07	407-352-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #