


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000007372		
1. Entity Name TRIPLE M PROPERTIES, LLC		

**FILED**  
04 OCT 18 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MIJH**

Principal Place of Business 140 17TH AVENUE N. ST. PETERSBURG, FL 33704	Mailing Address 140 17TH AVENUE N. ST. PETERSBURG, FL 33704
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10112004 REIN-LLC CR2E101 (6/04) 10/18

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
HAJEK, MICHELLE 140 17TH AVENUE N ST. PETERSBURG, FL 33704	

7. Name and Address of New Registered Agent	
Name	Michelle Kline (name change)
Street Address (P.O. Box Number is Not Acceptable)	
140 17th Avenue N.	
City	St. Petersburg, FL
FL	Zip Code 33704

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	10/13/4

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Michelle Kline 140 17th Avenue N. St. Petersburg, FL 33704 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 504116901454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/16/04 90413 012 <input type="checkbox"/> Change <input type="checkbox"/> Addition \$50.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Michelle Kline	10/13/4

**REINSTATEMENT** 2004  
w/o penalty fees