2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# L03000007527

Entity Name: RIVER FRONT, LLC

Current Principal Place of Business:

205 W. DR. MARTIN LUTHER KING JR. BLVD
STE. 202
TAMPA, FL 33603

New Principal Place of Business:

120 WEST POWHATAN AVENUE
TAMPA, FL 33604

Current Mailing Address:

205 W. DR. MARTIN LUTHER KING JR. BLVD
STE. 202
TAMPA, FL 33603

New Mailing Address:

120 WEST POWHATAN AVENUE
TAMPA, FL 33604

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NORMAN, CHRISTPHER H
315 S. HYDE PARK AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

FERNANDEZ, K M ESQ
120 WEST POWHATAN AVENUE
TAMPA, FL 33604 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: K.M. FERNANDEZ 08/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FERNANDEZ, CELESTINO F
Address: 205 W DR MARTIN LUTHER KING JR BLVD #202
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FERNANDEZ, K M ESQ.
Address: 120 WEST POWHATAN AVENUE
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify 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: K.M. FERNANDEZ MGR 08/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date