

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000019801

FILED
Oct 22, 2005
Secretary of State

Entity Name: GOLDEN TRIANGLE HOLDINGS LLC

Current Principal Place of Business:

15443 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

15443 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 81-0619312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COBBETT, SHARI S
15443 NW 12TH COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: SHARI COBBETT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, LON L
Address: 4035 MIRAMAR WAY S
City-St-Zip: ST PETERSBURG, FL 33705

Title: MGRM () Delete
Name: SMITH, KURT S
Address: 6204 E 93RD ST
City-St-Zip: TULSA, OK 74136

Title: MGRM () Delete
Name: COBBETT, SHARI S
Address: 15443 NW 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: BYFIELD, BRUCE B
Address: 1500 MASSACHUSSETTS AVE APT 337
City-St-Zip: WASHINGTON, DC 20005

Title: MGRM () Delete
Name: MCLEISH, RICHARD A
Address: 1500 MASSACHUSSETTS AVE APT 337
City-St-Zip: WASHINGTON, DC 20005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LON SMITH

MGR

10/22/2005

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