

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000025855

**FILED**  
**Mar 16, 2007**  
**Secretary of State**

**Entity Name:** PLAISTED PROPERTIES 3401, L.L.C.

**Current Principal Place of Business:**

918 WEST BAY ROAD  
TWO HARBORS, MN 55616

**New Principal Place of Business:**

2256 GARDEN CHASE DRIVE  
LAKELAND, FL 33812

**Current Mailing Address:**

BOX 100  
KNIFE RIVER, MN 55609

**New Mailing Address:**

2256 GARDEN CHASE DRIVE  
LAKELAND, FL 33812

**FEI Number:** 20-0107920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNES, ROBERT L JR  
2905 BAYSHORE BLVD., SUITE 200  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

PLAISTED, MARCUS P  
2256 GARDEN CHASE DRIVE  
LAKELAND, FL 33812 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: MARCUS P PLAISTED

03/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PLAISTED, RICK  
Address: BOX 100  
City-St-Zip: KNIFE RIVER, MN 55609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PLAISTED, MARCUS  
Address: 2256 GARDEN CHASE DRIVE  
City-St-Zip: LAKELAND, FL 33812

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: MARCUS P PLAISTED

MGR

03/16/2007

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