2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# L03000027219

Entity Name: LYNN, LEON & LYON GROUP, L.L.C.

Current Principal Place of Business:

7590 MANASOTA KEY ROAD
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

7590 MANASOTA KEY ROAD
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 20-0825642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

DICKINSON, ROBERT A ESQ
460 S. INDIANA AVE.
ENGLEWOOD, FL 34223 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: ROBERT A. DICKINSON, ESQ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOUGH, PATRICIA L TRUSTEE
Address: 7590 MANASOTA KEY RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR (X) Delete
Name: FREDRICK, DAVID L
Address: 7590 MANASOTA KEY ROAD
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: FREDRICK, DAVID L MGR
Address: 7590 MANASOTA KEY ROAD
City-St-Zip: ENGLEWOOD, FL 34223

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 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: DAVID L. FREDRICK DR. 10/06/2006

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