



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:09

DOCUMENT # L03000031086					
1. Entity Name PATMAR PROPERTIES, LLC					
Principal Place of Business 410 S. ARMENIA AVENUE APT. 923 TAMPA, FL 33609 US			Mailing Address 410 S. ARMENIA AVENUE APT. 923 TAMPA, FL 33609 US		
2. Principal Place of Business 3301 BAYSHORE BLVD. Suite, Apt. #, etc. 2107 City & State TAMPA, FL. Zip 33629 Country HILLSBORO		3. Mailing Address 3301 BAYSHORE BLVD. Suite, Apt. #, etc. 2107 City & State TAMPA, FL. Zip 33629 Country HILLSBORO			
03262006 REIN-LLC CR2E101 (11/05)				4. FEI Number 20-0164407	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KENT RUNNELLS, P.A. 101 MAIN STREET SUITE A SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent Name PATRICK A. MORAN Street Address (P.O. Box Number is Not Acceptable) 3301 BAYSHORE BLVD. #2107 City TAMPA FL Zip Code 33629		
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 <u>PATRICK A. MORAN</u> <u>PATRICK A. MORAN</u> <u>3-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, PATRICK A 410 S. ARMENIA AVE., APT. 923 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, PATRICK A 3301 BAYSHORE BLVD. UNIT 2107 TAMPA, FL. 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, SEAN M 410 S. ARMENIA AVE., APT. 923 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800070460658 04/14/06--01041--024 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>PATRICK A. MORAN</u> <u>3-24-06</u> <u>813 805-0077</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					