FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -6 AM 9:36

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000040154

1. Entity Name
LW TAMPA LAND, LLC

Principal Place of Business	Mailing Address
C/O NANCY LEVIN WALFISH 12972 HIGHLAND OAK COURT FAIRFAX, VA 22033	C/O NANCY LEVIN WALFISH 12972 HIGHLAND OAK COURT FAIRFAX, VA 22033

06062005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Teresa Ferreatino Teresa Ferreatino, Asst VP 6-9-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEVIN, MARK 815 SOUTH PORT DRIVE REDWOOD CITY, CA 94065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400057062194 07/06/05--01015--004 **500.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALFISH, NANCY L 12972 HIGHLAND OAK COURT FAIRFAX, VA 22033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEVIN, PAUL A 4242 NEW HOPE SPRINGS DRIVE HILLSBOROUGH, NC 27278	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JARED M. WALFISH TRUST 12972 HIGHLAND OAK COURT FAIRFAX, VA 22033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 6-7-05 617-515-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #