## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000040154

Entity Name: LW TAMPA LAND, LLC

12972 HIGHLAND OAK COURT

FAIRFAX, VA 22033

Address:

City-St-Zip:

FILED May 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O NANCY LEVIN WALFISH C/O MARK LEVIN 12972 HIGHLAND OAK COURT 815 SOUTH PORT DRIVE FAIRFAX, VA 22033 REDWOOD CITY, CA 94065 **Current Mailing Address:** New Mailing Address: C/O NANCY LEVIN WALFISH C/O MARK LEVIN 12972 HIGHLAND OAK COURT 815 SOUTH PORT DRIVE FAIRFAX, VA 22033 REDWOOD CITY, CA 94065 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY ZAMORE, MILTON P 1201 HAYS STREET 57 MARTÍNIQUE AVE TALLAHASSEE, FL 323012525 US TAMPA, FL 336064029 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: MILTON P. ZAMORE 05/24/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LEVIN, MARK Name: Name: 815 SOUTH PORT DRIVE Address: Address: City-St-Zip: REDWOOD CITY, CA 94065 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WALFISH, NANCY L Name: Name: Address: 12972 HIGHLAND OAK COURT Address: City-St-Zip: FAIRFAX, VA 22033 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEVIN, PAUL A Name: Name: 4242 NEW HOPE SPRINGS DRIVE Address: Address: City-St-Zip: HILLSBOROUGH, NC 27278 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: JARED M. WALFISH TRU, ST Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MARK LEVIN C/O 05/24/2007