

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000046964

**FILED**  
**Feb 15, 2005**  
**Secretary of State**

**Entity Name:** TRI MUSTANG INVESTORS, LLC

**Current Principal Place of Business:**

8513 BLACK CREEK BOULEVARD  
ORLANDO, FL 32829 US

**New Principal Place of Business:**

**Current Mailing Address:**

8513 BLACK CREEK BOULEVARD  
ORLANDO, FL 32829 US

**New Mailing Address:**

**FEI Number:** 84-1628717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JASPON, SCOTT  
8513 BLACK CREEK BOULEVARD  
ORLANDO, FL 32829 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:** SCOTTJASPON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** JASPON, SCOTT  
**Address:** 8513 BLACK CREEK BOULEVARD  
**City-St-Zip:** ORLANDO, FL 32829 US

**Title:** MGR ( ) Delete  
**Name:** CONENA, MICHAEL P  
**Address:** 36 TORREY ROAD  
**City-St-Zip:** EAST SANDWICH, MA 02537 US

**Title:** MGR ( ) Delete  
**Name:** JOHNSON, STEVEN P  
**Address:** 14 HORNBEAM AVENUE  
**City-St-Zip:** EAST FALMOUTH, MA 02536 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**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 Section 119.07(3)(i), 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:** SCOTTJASPON

**MEMB**

**02/15/2005**

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