


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000002900		
1. Entity Name LYNCONN, LLC		

Principal Place of Business 1004 WEST MAIN STREET LAKELAND, FL 33815	Mailing Address 1004 WEST MAIN STREET LAKELAND, FL 33815
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2. Principal Place of Business BLVD. 3616 HARDEN	3. Mailing Address SAME
Suite, Apt. #, etc. # 316	Suite, Apt. #, etc.
City & State LAKELAND, FL	City & State
Zip 33803	Country USA

6. Name and Address of Current Registered Agent LYNCH, ROBERT C 1004 WEST MAIN STREET LAKELAND, FL 33815		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3616 HARDEN BLVD. #316 City LAKELAND FL Zip Code 33803	
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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 RC Lynch - Pres	DATE 9/20/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, ROBERT C 1004 W. MAIN ST. LAKELAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3616 HARDEN BLVD. #316 LAKELAND, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30008045653 10/04/06--01029--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RC Lynch - Pres	DATE: 9/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED

05 SEP 29 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202006 REIN-LLC CR2E101 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

Daytime Phone #

jc 10/3