

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000006860

Entity Name: T & J PROPERTIES LLC

FILED
Dec 06, 2006
Secretary of State

Current Principal Place of Business:

5710 MASTERS BLVD
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5710 MASTERS BLVD
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-5204011 FEI Number Applied For () FEI Number Not Applicable () 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:

THOMPSON, THAD T
5710 MASTERS BLVD
ORLANDO, FL 32819 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: THAD THOMPSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, THAD T
Address: 5710 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: WINZIG, JAMES F
Address: 5710 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: THOMPSON, THAD T
Address: 5710 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819 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 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.

SIGNATURE: THAD THOMPSON

MGR

12/06/2006

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