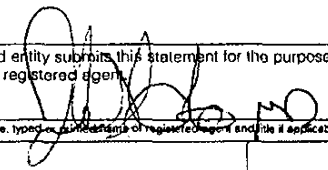
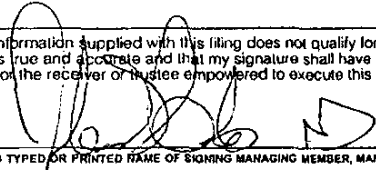


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 28 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000009747			
1. Entity Name TRINITY REAL ESTATE ALLIANCE, L.L.C.			
Principal Place of Business 2055 LITTLE ROAD TRINITY, FL 34655		Mailing Address 2055 LITTLE ROAD TRINITY, FL 34655	
2. Principal Place of Business - No P.O. Box # 2043 LITTLE ROAD		3. Mailing Address 2043 LITTLE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TRINITY, FL		City & State TRINITY, FL	
Zip 34653	Country USA	Zip 34653	Country USA
6. Name and Address of Current Registered Agent SCHWEITZER & DOBOSZ 1206 COURT STREET CLEARWATER, FL 34616		7. Name and Address of New Registered Agent Name JEFFREY S. VASTA, M.D. Street Address (P.O. Box Number is Not Acceptable) 2043 LITTLE ROAD City TRINITY FL Zip Code 34653	
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  Signature, typed or printed name of registered agent and file if applicable.		DATE 11/26/2007 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. VILA, JUAN 2055 LITTLE ROAD TRINITY, FL 34655 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY S. VASTA, M.D. 2043 LITTLE ROAD TRINITY, FL 34653 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. BAYRON, CARLOS 2055 LITTLE ROAD TRINITY, FL 34655 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. ANNONI, LUIS 2055 LITTLE ROAD TRINITY, FL 34655 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112716801 11/30/07--01012--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. KUNHARDT, RENE 2055 LITTLE ROAD TRINITY, FL 34655 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. YAMAMURA, KENNETH 2055 LITTLE ROAD TRINITY, FL 34655 ☒ 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 11/26/2007 Daytime Phone #	

REINSTATEMENT 2007