

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC. OF STATE  
DIVISION OF CORPORATIONS  
06 FEB -8 AM 11:00

<b>DOCUMENT # L04000022511</b> 1. Entity Name <b>DONALD R. DILLARD LLC</b>			
Principal Place of Business <b>2410 148TH AVE LUTZ, FL 33549</b>		Mailing Address <b>2410 148TH AVE LUTZ, FL 33549</b>	
2. Principal Place of Business <b>710 East Lotus Ave</b> Suite, Apt. #, etc. <b>Tampa</b>		3. Mailing Address <b>710 East Lotus Ave</b> Suite, Apt. #, etc. <b>Tampa, FL</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33612</b>		Zip <b>33612</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>02032006</b>		REIN-LLC CR2E101 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DILLARD, DONALD R 2410 148TH AVE LUTZ, FL 33549</b>		7. Name and Address of New Registered Agent Name <b>Jubilee Business Solutions</b> Street Address (P.O. Box Number is Not Acceptable) <b>8005 TICCERA VERDE DR.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33617</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <b>Donald R. Dillard</b> <b>2/6/06</b> DATE	
<b>FILE NOW!!! FEE IS \$200.00</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Delete	TITLE <b>MANAGER</b> NAME <b>DONALD R. DILLARD</b> STREET ADDRESS <b>710 E. LOTUS AVE</b> CITY-ST- ZIP <b>TAMPA, FL 33612</b>	<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 _____	<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: <b>Donald R. Dillard</b>		<b>2/4/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	
<small>Daytime Phone #</small>		<small>Daytime Phone #</small>	