2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 17, 2006
Secretary of State

DOCUMENT# L04000034976

Entity Name: FIT PROPERTIES, LLC

Current Principal Place of Business:

601 PACKARD CT
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

250 PINE AVENUE NORTH
OLDSMAR, FL 34677 US

Current Mailing Address:

601 PACKARD CT
SAFETY HARBOR, FL 34695 US

New Mailing Address:

250 PINE AVENUE NORTH
OLDSMAR, FL 34677 US

FEI Number: 20-1522470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

VERDI, VINCENT
601 PACKARD CT
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

VERDI, VINCENT
250 PINE AVENUE NORTH
OLDSMAR, FL 34677 US

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: VINCENT A. VERDI 10/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VERDI, VINCENT
Address: 601 PACKARD CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR (X) Delete
Name: ORLOFF, SYLVAN
Address: 601 PACKARD CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR (X) Delete
Name: ORLOFF, BRUCE
Address: 601 PACKARD CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR (X) Delete
Name: ORLOFF, LOUIS
Address: 601 PACKARD CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MELODY BUELL,
Address: 250 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

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: MELODY BUELL MGR 10/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date