2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 31, 2006
Secretary of State

DOCUMENT# L04000035136

Entity Name: BUSINESS PROPERTY DEVELOPMENT II, LLC

Current Principal Place of Business:

3802 EHRLICH AVENUE
SUITE 307
TAMPA, FL 33624 US

New Principal Place of Business:

1323 W FLETCHER AVE
TAMPA, FL 33612 US

Current Mailing Address:

3802 EHRLICH AVENUE
SUITE 307
TAMPA, FL 33624 US

New Mailing Address:

1323 W FLETCHER AVE
TAMPA, FL 33612 US

FEI Number: 56-2468968 **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:

KILMER, EDWARD J JR.
3802 EHRLICH AVENUE
SUITE 307
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

KILMER, EDWARD J JR.
1323 W FLETCHER AVE
TAMPA, FL 33612 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: EDWARD KILLMER 05/31/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KILMER, EDWARD J JR.
Address: 3802 EHRLICH ROAD; SUITE 307
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KILMER, EDWARD J JR.
Address: 1323 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612 US

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: EDWARD KILLMER MGRM 05/31/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date