

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000035776

FILED
Dec 02, 2005
Secretary of State

Entity Name: TIARA SUN PROPERTIES LLC

Current Principal Place of Business:

14927 STERLING OAKS DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

10277 WOOD IBIS AVE
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

14927 STERLING OAKS DRIVE
NAPLES, FL 34110 US

New Mailing Address:

P.O. BOX 279
BARTLESVILLE, OK 74005 US

FEI Number: 34-1994690 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DEBORAH SKIPPER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RANDEL, KAREN
Address: 605 N ASTER AVENUE
City-St-Zip: BROKEN ARROW, OK 74012 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CREACH, WALLY
Address: 9444 E. 116TH
City-St-Zip: BIXBY, OK 74008

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN RANDEL

MGR

12/02/2005

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