

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041967

FILED
Oct 07, 2005
Secretary of State

Entity Name: THE CHALLENGE COURSE ADVISORY, LLC

Current Principal Place of Business:

210 SOUTH PINELLAS AVENUE
SUITE 174
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

210 SOUTH PINELLAS AVENUE
SUITE 174
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 55-0870390 **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:

PATHIK, DEV KUMAR
210 SOUTH PINELLAS AVENUE
SUITE 174
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

PATHIK, DEV K
210 SOUTH PINELLAS AVENUE
SUITE 174
TARPON SPRINGS, FL 34689 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: DEV K PATHIK

10/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATHIK, DEV KUMAR
Address: 210 SOUTH PINELLAS AVENUE, SUITE 174
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATHIK, DEV K
Address: 210 SOUTH PINELLAS AVENUE, SUITE 174
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: DEV K PATHIK

MGRM

10/07/2005

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