

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000043071

Entity Name: 4% FLORIDA REALTY. LLC

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

3524 WYOMING AVE W
TAMPA, FL 33611 US

New Principal Place of Business:

10401 SNUG HARBOR RD
#160
ST PETERSBURG, FL 33702 US

Current Mailing Address:

3524 WYOMING AVE W
TAMPA, FL 33611 US

New Mailing Address:

10401 SNUG HARBOR RD
#160
ST PETERSBURG, FL 33702 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

HARTMAN, RICHARD H II
3524 WYOMING AVE W
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

HARTMAN, RICHARD H II
10401 SNUG HARBOR RD
#160
ST PETERSBURG, FL 33702 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: RICHARD H HARTMAN II

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARTMAN, RICHARD H II
Address: 3524 WYOMING AVE W
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARTMAN, RICHARD H II
Address: 10401 SNUG HARBOR RD, #160
City-St-Zip: ST PETERSBURG, FL 33702 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: RICHARD H HARTMAN II

MGRM

04/03/2006

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