

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Feb 14, 2006**  
**Secretary of State**

DOCUMENT# L04000052621

**Entity Name:** TULIP HOMES, LLC

**Current Principal Place of Business:**

315 OXFORD STREET NORTH  
AUBURN, MA 01501

**New Principal Place of Business:**

11 BETTY STREET  
#B  
AUBURN, MA 01501

**Current Mailing Address:**

315 OXFORD STREET NORTH  
AUBURN, MA 01501

**New Mailing Address:**

BOX 284  
AUBURN, MA 01501

**FEI Number:** 20-1413005      **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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: TINA BONAVIDICH - VICE PRESIDENT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BLUE FEATHER EQUITIE, S, INC.  
Address: 315 OXFORD STREET NORTH  
City-St-Zip: AUBURN, MA 01501

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: BLUE FEATHER EQUITIE, S, INC.  
Address: #B - 11 BETTY STREET  
City-St-Zip: AUBURN, MA 01501

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: JOSHUA GUNARATNAM

MGRM

02/14/2006

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