

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000053021

FILED
Feb 09, 2006
Secretary of State

Entity Name: TRIPLE PLAY REALTY TWO, LLC

Current Principal Place of Business:

C/O RICHARD MIRABELLO
10977 NW 61ST COURT
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD MIRABELLO
10977 NW 61ST COURT
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 20-1384580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRABELLO, RICHARD
10977 NW 61ST COURT
PARKLAND, FL 33076 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: RICHARD MIRABELLO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MIRABELLO, RICHARD MGRM
Address: 10977 NW 61ST CT
City-St-Zip: PARKLAND, FL 33076

Title: MGRM () Change (X) Addition
Name: LEVINE, MICHEAL MGRM
Address: 20 MELANIE LANE
City-St-Zip: SYOSSET, NY 11791

Title: MGRM () Change (X) Addition
Name: JOLSON, ROBERT MGRM
Address: 21 BARBARA DRIVE
City-St-Zip: SYOSSET, NY 11791 NY

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: ROBERT JOLSON

MGRM

02/09/2006

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