

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000059928

FILED
Nov 11, 2005
Secretary of State

Entity Name: TREVAN PROPERTIES, L.L.C.

Current Principal Place of Business:

6428 28TH TERRACE N
ST. PETERSBURG, FL 33710

New Principal Place of Business:

1907 TYRONE BLVD NO
ST. PETERSBURG, FL 33710

Current Mailing Address:

6428 28TH TERRACE N
ST. PETERSBURG, FL 33710

New Mailing Address:

1907 TYRONE BLVD NO
ST. PETERSBURG, FL 33710

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

QUANDT, ROBBYN
6428 28TH TERRACE N
ST. PETERSBURG, FL 33710 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: ROBBYN QUANDT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUANDT, ROBBYN
Address: 6428 28TH TERRACE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR () Delete
Name: QUANDT, PHILIP D JR
Address: 6428 28TH TERRACE N
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

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

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

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: PHILLIP D. QUANDT, JR

MR

11/11/2005

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