

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000063052

FILED
May 24, 2006
Secretary of State

Entity Name: LUCOMBE QUALITY PROPERTIES, L.L.C.

Current Principal Place of Business:

5650 SAILFISH DRIVE APT D
LUTZ, FL 33558 US

New Principal Place of Business:

1251 FOXWOOD DRIVE
LUTZ, FL 33549 US

Current Mailing Address:

5650 SAILFISH DRIVE APT D
D
LUTZ, FL 33558 US

New Mailing Address:

PO BOX 2589
LUTZ, FL 33548 US

FEI Number: 02-0729857 **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:

LUCOMBE, NIGEL
5650 SAILFISH DRIVE APT D
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

LUCOMBE, NIGEL
1251 FOXWOOD DRIVE
LUTZ, FL 33549 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: NIGEL LUCOMBE

05/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUCOMBE, NIGEL
Address: 5650 SAILFISH DRIVE APT D
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUCOMBE, NIGEL
Address: 1251 FOXWOOD DRIVE
City-St-Zip: LUTZ, FL 33549 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: NIGEL LUCOMBE

MGRM

05/24/2006

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