

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000065548

FILED
Nov 04, 2005
Secretary of State

Entity Name: MUSTO INVESTORS I, L.L.C.

Current Principal Place of Business:

1401 WATER LILLY LANE
KISSIMMEE, FL 34744

New Principal Place of Business:

1409 WATER LILLY LANE
KISSIMMEE, FL 34744

Current Mailing Address:

1401 WATER LILLY LANE
KISSIMMEE, FL 34744

New Mailing Address:

1409 WATER LILLY LANE
KISSIMMEE, FL 34744

FEI Number: 20-3734335 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:

SHARP, DUDLEY Q JR ESQ
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789 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: DUDLEY Q SHARP JR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUSTO, PAUL H
Address: 3 HAMMERSMITH DRIVE
City-St-Zip: SAUGUS, MA 01906

Title: MGR () Delete
Name: GASQUE, JAMES T
Address: 3165 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES:

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

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

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: PAUL H MUSTO

MGR

11/04/2005

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