

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000065684

FILED
Jan 04, 2006
Secretary of State

Entity Name: SUNBELT DEVELOPMENT COMPANY OF TAMPA BAY, LLC

Current Principal Place of Business:

WESTSHORE CENTER
2220 N. WESTSHORE BLVD., SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

WESTSHORE CENTER
2220 N. WESTSHORE BLVD., SUITE 200
TAMPA, FL 33607

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

PERLMAN, JOSEPH N
1101 BELCHER ROAD SOUTH, SUITE B
LARGO, FL 33771 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: JOSEPH N. PERLMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DROSSOS, NICHOLAS A
Address: 2220 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: FRANCESCHINI, COLEN
Address: 2220 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

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 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: NICHOLAS A. DROSSOS

MGRM

01/04/2006

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