

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000073760

**FILED**  
**Oct 18, 2007**  
**Secretary of State**

**Entity Name:** WEST BROOK ISLES PARTNER'S 1 LLC

**Current Principal Place of Business:**

3632 W CYPRESS STREET  
TAMPA, FL 33607 US

**New Principal Place of Business:**

101 EAST KENNEDY BLVD  
SUITE 2180  
TAMPA, FL 33602 US

**Current Mailing Address:**

3632 W CYPRESS STREET  
TAMPA, FL 33607 US

**New Mailing Address:**

101 EAST KENNEDY BLVD  
SUITE 2180  
TAMPA, FL 33602 US

**FEI Number:** 20-1758274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EAST, CLARK D  
3632 W CYPRESS STREET  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

CALOMIRIS, GEORGE P  
101 EAST KENNEDY BLVD  
SUITE 2180  
TAMPA, FL 33602 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: GEORGE P CALOMIRIS

10/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EAST, CLARK D  
Address: 3632 W CYPRESS STREET  
City-St-Zip: TAMPA, FL 33607 49

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CALOMIRIS, GEORGE P  
Address: 101 EAST KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE P CALOMIRIS

MGRM

10/18/2007

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