
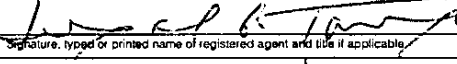



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -5 AM 8:14

| | | | |
|---|--|---|---|
| DOCUMENT # L04000076827 | |  | |
| 1. Entity Name BROOKER CREEK REAL ESTATE, LLC | | | |
| Principal Place of Business 6950 BRYAN DAIRY ROAD LARGO, FL 33777 | | Mailing Address 6950 BRYAN DAIRY ROAD LARGO, FL 33777 | |
| 2. Principal Place of Business 6950 BRYAN DAIRY Rd | | 3. Mailing Address 6950 BRYAN DAIRY Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State LARGO FL | | City & State LARGO FL | |
| Zip 33777 | Country Pinellas | Zip 33777 | Country Pinellas |
| 6. Name and Address of Current Registered Agent WATTERS, STEPHEN 6950 BRYAN DAIRY ROAD LARGO, FL 33777 | | 7. Name and Address of New Registered Agent Name JUGAL K. TANESA Street Address (P.O. Box Number is Not Acceptable) 6950 BRYAN DAIRY Road City LARGO FL Zip Code 33777 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 10/4/05 (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER JUGAL K. TANESA 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400060780974 10/19/05--01063--003 **\$55.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER STEPHEN WATTERS 855 Dunbar Ave Oldsmar, FL 34677 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER WILLIAM LAGAMBA 5421 KARLSBURG PLACE PALM HARBOR, FL 34685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER MIHIR TANESA 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER THADDEUS SHALEK 855 Dunbar Ave Oldsmar, FL 34677 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER CAROL DORE-FALCONE 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | Date 10/4/05 727-544-8866 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |