

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088505

FILED
Mar 28, 2006
Secretary of State

Entity Name: FLORIDA LAND & LENDING ASSOCIATES, LLC

Current Principal Place of Business:

6893 FINAMORE CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

20041 PALM ISLAND DRIVE
BOCA RATON, FL 33498

Current Mailing Address:

6893 FINAMORE CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

20041 PALM ISLAND DRIVE
BOCA RATON, FL 33498

FEI Number: 20-2042276 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:

WALLACK, MICHAEL M ESQ.
1819 MAIN STREET, SUITE 1100
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

ELIZABETH, BRANDON-BROWN ESQ.
9045 LA FONTANA BLVD
101
BOCA RATON, FL 33434 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: ELIZABETH BRANDON-BROWN

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLOOM, JEREMY
Address: 6893 FINAMORE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLOOM, JEREMY
Address: 20041 PALM ISLAND DRIVE
City-St-Zip: BOCA RATON, FL 33498

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: JEREMY BLOOM

MGR

03/28/2006

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