
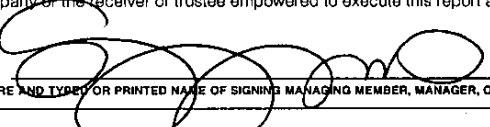


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 10 AM 9:35

DOCUMENT # L04000091449			
1. Entity Name: GRENDL PROPERTIES, L.L.C.			
Principal Place of Business 1428-1440 ALT. 19 NORTH PALM HARBOR, FL 34683		Mailing Address 1428-1440 ALT. 19 NORTH PALM HARBOR, FL 34683	
2. Principal Place of Business		3. Mailing Address 2216 Elizabeth Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Dunedin FL	
Zip	Country	Zip	Country
34698	USA	34698	USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
10032005 REIN-LLC		CR2E101 (6/04)	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATES, LONDON L 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 LONDON L. BATES		10/5/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
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 MM Shannuk K. Krupp STREET ADDRESS 2216 Elizabeth Way CITY - ST - ZIP Dunedin FL 34698	<input type="checkbox"/> Delete	TITLE NAME 10/10/05 STREET ADDRESS 800060449398 CITY - ST - ZIP 10/10/05--01063--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MM Stephen J. Krupp STREET ADDRESS 2216 Elizabeth Way CITY - ST - ZIP Dunedin FL 34698	<input type="checkbox"/> Delete	TITLE NAME 800060449398 STREET ADDRESS 10/10/05--01063--001 **50.00 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<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: 		10-3-05 727-785-2298	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	