

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000000587

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

**Entity Name:** FIRST PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

14014 CLUBHOUSE CIRCLE  
APT. #1405  
TAMPA, FL 33618 US

**New Principal Place of Business:**

19023 CHEMILLE DRIVE  
LUTZ, FL 33558 US

**Current Mailing Address:**

P.O. BOX 10266  
TAMPA, FL 336790266 US

**New Mailing Address:**

P.O. BOX 503  
ODESSA, FL 33556 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

LOSCALZO, LORI  
14014 CLUBHOUSE CIRCLE  
APT. 1405  
TAMPA, FL 33618 US

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

CUESTA, LORI  
19023 CHEMILLE DRIVE  
LUTZ, FL 33558 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: LORI CUESTA

01/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOSCALZO, LORI  
Address: P O BOX 10266  
City-St-Zip: TAMPA, FL 33679 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CUESTA, LORI  
Address: P O BOX 503  
City-St-Zip: ODESSA, FL 33556 US

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: LORI CUESTA

MGRM

01/18/2007

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