

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000005131

Entity Name: ITC 28, LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

5824 BEE RIDGE ROAD #158  
SARASOTA, FL 34233

## New Principal Place of Business:

7269 BEE RIDGE ROAD  
SARASOTA, FL 34241

## Current Mailing Address:

5824 BEE RIDGE ROAD #158  
SARASOTA, FL 34233

## New Mailing Address:

7269 BEE RIDGE ROAD  
SARASOTA, FL 34241

FEI Number: FEI Number Applied For (X) 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:

KING, CLIFFORD M  
2033 MAIN STREET  
SUITE 303  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

KING, CLIFFORD M  
1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236 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: CLIFFORD KING

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HAMILTON, TEMP  
Address: 5824 BEE RIDGE ROAD #158  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: REVORD, DAVID  
Address: 6919 WESTCHESTER CIR.  
City-St-Zip: BRADENTON, FL 34202

Title: MGRM ( ) Delete  
Name: SMITH, TERRY  
Address: P.O. BOX 2210  
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGRM ( ) Delete  
Name: PK INVESTMENTS OF SA, RASOTA, LLC  
Address: 4815 LAS VEGAS DRIVE  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: MANKES, ED  
Address: 707 SKOKIE BLVD SUITE 505  
City-St-Zip: NORTH BROOK, IL 60062

Title: MGRM ( ) Delete  
Name: PROCTOR, JOHN  
Address: 6000 DECON PLACE  
City-St-Zip: SARASOTA, FL 34238

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HAMILTON, TEMP  
Address: 7269 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TEMP HAMILTON

MGRM

04/30/2008

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