

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:07

DOCUMENT # L05000006266 1. Entity Name BUDS SOD LLC			
Principal Place of Business 470 KATHRYN ST LABELLE, FL 33935		Mailing Address 470 KATHRYN ST LABELLE, FL 33935	
2. Principal Place of Business 7054 BERWICK CIRCLE Suite, Apt. #, etc. 2201 Murray Rd		3. Mailing Address <i>P.O. Box 238</i> 7054 BERWICK CIRCLE Suite, Apt. #, etc.	
City & State LABELLE FL		City & State LABELLE FL	
Zip 33935		Zip 33935 33975	
Country USA		Country USA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, RONALD W 470 KATHRYN ST LABELLE, FL 33935		7. Name and Address of New Registered Agent Name RONALD CARTER Street Address (P.O. Box Number is Not Acceptable) 2201 Murray Rd 7054 BERWICK CIRCLE City LABELLE FL Zip Code 33935	
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 <i>[Signature]</i> DATE 12/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, 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 MGRM <input type="checkbox"/> Delete NAME CARTER, RONALD W STREET ADDRESS 470 KATHRYN ST CITY-ST-ZIP LABELLE, FL 33935	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RONALD CARTER STREET ADDRESS 7054 BERWICK CIRCLE 2201 Murray Rd CITY-ST-ZIP LABELLE FL 33935	TITLE 500082906565 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 01/02/07--01043--009 **50.00 STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 12/27/06 Time 8:36 PM Phone # 1239	