

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000011342

FILED
Nov 29, 2006
Secretary of State

Entity Name: DESIGN & DEVELOPMENT PARTNERSHIP, L.C.

Current Principal Place of Business:

8319 FOUNTAIN AVENUE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8319 FOUNTAIN AVENUE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-2418033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 337715207 US

Name and Address of New Registered Agent:

SCOTT, JASON M
8319 FOUNTAIN AVENUE
TAMPA, FL 33615 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: JASON SCOTT

11/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: SCOTT, JASON M
Address: 8319 FOUNTAIN AVENUE
City-St-Zip: TAMPA, FL 33615

Title: VP () Change (X) Addition
Name: BAINBRIDGE, MICHAEL A
Address: 9590 GLADIOLUS BLOSSOM COURT
City-St-Zip: FORT MYERS, FL 33908

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: JASON SCOTT

P

11/29/2006

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