

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024217

Entity Name: PROPERTY IR1, LLC

FILED
Dec 13, 2006
Secretary of State

Current Principal Place of Business:

1280 GULF BLVD.
BELLEAIR SHORE, FL 33786

New Principal Place of Business:

13333 RIDGE RD
LARGO, FL 33778

Current Mailing Address:

1280 GULF BLVD.
BELLEAIR SHORE, FL 33786

New Mailing Address:

13333 RIDGE RD
LARGO, FL 33778

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURETTE, RICHARD L
1280 GULF BLVD.
BELLEAIR SHORE, FL 33786 US

Name and Address of New Registered Agent:

SURETTE, RICHARD L
13333 RIDGE RD
LARGO, FL 33778 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: RICHARD L SURETTE

12/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SURETTE, RICHARD L
Address: 1280 GULF BLVD.
City-St-Zip: BELLEAIR SHORE, FL 33786

Title: MGRM () Delete
Name: SURETTE, KEVIN S
Address: 1280 GULF BLVD.
City-St-Zip: BELLEAIR SHORE, FL 33786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SURETTE, RICHARD L
Address: 13333 RIDGE RD
City-St-Zip: LARGO, FL 33778

Title: MGRM (X) Change () Addition
Name: SURETTE, KEVIN S
Address: 13333 RIDGE RD
City-St-Zip: LARGO, FL 33778

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: KEVIN SURETTE

MGRM

12/13/2006

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