2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 30, 2006
Secretary of State

DOCUMENT# L05000026886

Entity Name: LECANTO BUSINESS INVESTMENTS, L.L.C.

Current Principal Place of Business:

140 E. IRELAND CT.
HERNANDO, FL 34442

New Principal Place of Business:

495 W. TED WILLIAMS CT.
HERNANDO, FL 34442

Current Mailing Address:

140 E. IRELAND CT.
HERNANDO, FL 34442

New Mailing Address:

495 W. TED WILLIAMS CT.
HERNANDO, FL 34442

FEI Number: 76-0784756 **FEI Number Applied For ( )** **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:

ABEL, ERIC D ESQ
2476 N. ESSEX AVENUE
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

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: ERIC D. ABEL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ABEL, RALPH L
Address: 140 E. IRELAND CT.
City-St-Zip: HERNANDO, FL 34442

Title: MGR ( ) Delete
Name: ABEL, ERIC D
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ABEL, RALPH L
Address: 495 W. TED WILLIAMS CT.
City-St-Zip: HERNANDO, FL 34442

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

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: ERIC D. ABEL MGR 11/30/2006

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