

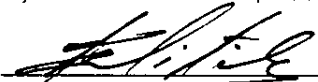


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000028383 1. Entity Name 2211 4TH STREET SOUTH, LLC				Secretary of State	
Principal Place of Business 965 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695		Mailing Address 965 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695			
DO NOT WRITE IN THIS SPACE					
				02062008 No Chg-LLC CR2E083 (12/07)	
				4. FEI Number 20-4761510	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POLITIS, PETER 965 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				DATE 05/06/08-80024-012 138.75	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGRM POLITIS, GREGORY 965 S BAYSHORE BLVD SAFETY HARBOR, FL 34695			
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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:  GREGORY POLITIS MANAGING MEMBER 4/15/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #					