## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000046154

Entity Name: TROPIC LAND PARTNERS, LLC

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1819 MAIN STREET, SUITE 1100 6741 ISLAND CREEK RD SARASOTA, FL 34236 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

1819 MAIN STREET, SUITE 1100 6741 ISLAND CREEK RD SARASOTA, FL 34236 SARASOTA, FL 34240

FEI Number: 20-3004522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACK, MICHAEL M ESQ.

1819 MAIN STREET, SUITE 1100

SARASOTA, FL 34236 US

BALL, CHARLES H ATTY

1444 FIRST ST

SARASOTA, FL 34236 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: CHARLES H BALL 04/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 JONES, DON L
 Name:
 JONES, DON L

 Address:
 361 INTERSTATE BLVD.
 Address:
 6741 ISLAND CREEK RD

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 SARASOTA, FL 34240

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TERASKIEWICZ, EDWARD
 Name:

 Address:
 2384 ORCHARD CREST BLVD
 Address:

 City-St-Zip:
 MANASQUAN, NJ 08736
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON L JONES MGR 04/02/2008