

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000046370

Entity Name: C&R, L.L.C.

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

C/O COASTAL REALTY
19321 US HWY 19 N #C600
CLEARWATER, FL 33764

Current Mailing Address:

C/O COASTAL REALTY
19321 US HWY 19 N #C600
CLEARWATER, FL 33764

New Principal Place of Business:

C/O COASTAL REALTY
246 2ND ST N
SAFETY HARBOR, FL 34695

New Mailing Address:

C/O COASTAL REALTY
246 2ND ST N
SAFETY HARBOR, FL 34695

FEI Number: 01-0835073 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:

CRENSHAW, CURTIS A
19321 US HWY 19 N
C-600
CLEARWATER, FL FL US

Name and Address of New Registered Agent:

CRENSHAW, CURTIS A
246 2ND ST N
SAFETY HARBOR, FL 34695 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: CURTIS A CRENSHAW

08/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRENSHAW, CURTIS A
Address: 19321 US HWY 19 N #C600
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PASTOR, NITA R
Address: 50 FINCH STREET
City-St-Zip: NEW ORLEANS, LA 70124

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: NITA R PASTOR

MGRM

08/25/2008

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