

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 OCT 31 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L05000047169 1. Entity Name SARACEN PROPERTIES, LLC					
Principal Place of Business 18809 CHOPIN DRIVE LUTZ, FL 33558			Mailing Address 18809 CHOPIN DRIVE LUTZ, FL 33558		
2. Principal Place of Business 9525 Blind Pass Rd.		3. Mailing Address 9525 Blind Pass Rd.			
Suite, Apt. #, etc. #306		Suite, Apt. #, etc. #306			
City & State St. Pete Beach, FL		City & State St. Pete Beach		4. FEI Number 01-0835311	
Zip 33706		Country Hillsborough		Applied For <input type="checkbox"/> Not Applicable	
Zip 33706		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAVENS, SABRINA C ESQ. C/O IURILLO & ASSOCIATES, P.A. 600 FIRST AVENUE NORTH, SUITE 308 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Stephanie Harris Street Address (P.O. Box Number is Not Acceptable) 9525 Blind Pass Rd. #306 City St. Pete Beach FL Zip Code 33706	
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 <u><i>Stephanie Harris</i></u> DATE <u>10/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARACEN-HARRIS, STEPHANIE 18809 CHOPIN DRIVE LUTZ, FL 33558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Saracen-Harris, Stephanie 9525 Blind Pass Rd. #306 St. Pete Beach, FL 33706	
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u><i>Stephanie Harris</i></u>			Date <u>10-11-06</u> Daytime Phone # <u>813-728-5969</u>		