


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

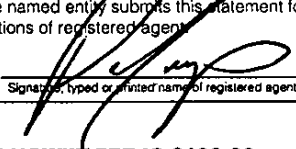
DOCUMENT # L05000047436		
1. Entity Name PAUL LAMP, LLC		

Principal Place of Business 2140 CAMBRIDGE DR VENICE, FL 34293	Mailing Address 2140 CAMBRIDGE DR VENICE, FL 34293
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2. Principal Place of Business - No P.O. Box # 2541 Carmine Rd	3. Mailing Address 2015 Canal Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. N-1

City & State Venice, FL	City & State Bradenton, FL
Zip 34293	Country Sarasota
Zip 34207	Country Manatee

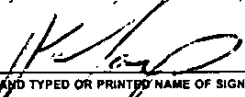
6. Name and Address of Current Registered Agent LAMP, PAUL 2140 CAMBRIDGE DR VENICE, FL 34293	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this 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 	DATE 8-9-07

FILE NOW!!! FEE IS \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMP, PAUL 2140 CAMBRIDGE DR VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600108376436 08/21/07--01028--018 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Paul Lamp	8-9-2007	941-321-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

FILED

07 AUG 15 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08092007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-2827100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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REINSTATEMENT

06-07

