

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000050575

FILED
Jan 31, 2007
Secretary of State

Entity Name: COLDSRING INVESTMENTS, LLC

Current Principal Place of Business:

4170 U.S. HIGHWAY 1
EDGEWATER, FL 32141 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1086
BELCHERTOWN, MA 01007 US

New Mailing Address:

FEI Number: 20-2865246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, MARK G
9811 TRADEWINDS DRIVE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: MARK G. JACKSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACKSON, MARK G
Address: 9811 TRADEWINDS DRIVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: MGRM () Delete
Name: TOLZDORF, EDWARD
Address: DAVID TURN ROAD
City-St-Zip: WENDELL, MA 01379 US

Title: MGRM () Delete
Name: FREDENBURGH, DAVID
Address: 24 NATHANIAL WAY
City-St-Zip: BELCHERTOWN, MA 01007 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TOLZDORF, EDMUND
Address: DAVID TURN ROAD
City-St-Zip: WENDELL, MA 01379 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK G. JACKSON

MGRM

01/31/2007

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