2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L05000051228

Entity Name: BAY AREA RENTALS LLC

Current Principal Place of Business:

500 HARBOUR PLACE DR. APT. #1210
TAMPA, FL 33602 US

New Principal Place of Business:

525 S. LINCOLN AVE
UNIT #107
TAMPA, FL 33609 US

Current Mailing Address:

500 HARBOUR PLACE DR. APT. #1210
TAMPA, FL 33602 US

New Mailing Address:

525 S. LINCOLN AVE
UNIT #107
TAMPA, FL 33609 US

FEI Number: 42-1670813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

EVANS, JOSEPH A
500 HARBOUR PLACE DR. APT #1210
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

EVANS, JOSEPH A
525 S. LINCOLN AVE
UNIT #107
TAMPA, FL 33609 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: JOSEPH A EVANS 01/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EVANS, JOSEPH A
Address: 500 HARBOUR PLACE DR. APT #1210
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: EVANS, JOSEPH A
Address: 525 S. LINCOLN AVE #107
City-St-Zip: TAMPA, FL 33609 US

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: JOSEPH A EVANS MGR 01/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date