

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000052668

Entity Name: THE VILLA PEOPLE, LLC

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

5399 DAHLIA RESERVE DRIVE
KISSIMMEE, FL 34758 US

New Principal Place of Business:

2400 PEACE CIRCLE
ALLAMANDA GRACE
KISSIMMEE, FL 34758 US

Current Mailing Address:

5399 DAHLIA RESERVE DRIVE
KISSIMMEE, FL 34758 US

New Mailing Address:

2400 PEACE CIRCLE
ALLAMANDA GRACE
KISSIMMEE, FL 34758 US

FEI Number: FEI Number Applied For (X) 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:

BYRD & GANTT CPAS PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

A H GANTT CPA & ASSOCIATES PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 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: DEREK BREEN

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BELLIN, DAVID T
Address: 5399 DAHLIA RESERVE DRIVE
City-St-Zip: KISSIMMEE, FL 34758 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELLIN, THOMAS G
Address: 5399 DAHLIA RESERVE DRIVE
City-St-Zip: KISSIMMEE, FL 34758 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: THOMAS BELLIN

MGRM

10/05/2006

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