2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 25, 2006
Secretary of State

DOCUMENT# L05000054889

Entity Name: BROWN, LLOYD & STOKES, LLC

Current Principal Place of Business:

3925 VERSAILLES DRIVE
TAMPA, FL, 33634

New Principal Place of Business:

405 N. REO STREET
162
TAMPA, FL 33609

Current Mailing Address:

3925 VERSAILLES DRIVE
TAMPA, FL, 33634

New Mailing Address:

405 N. REO STREET
162
TAMPA, FL 33609

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

Name and Address of Current Registered Agent:

STOKES, CURTIS L
6211 GREENWICH DRIVE
TAMPA, FL 33647 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: CURTIS L. STOKES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BROWN, ERIC B
Address: 3925 VERSAILLES DRIVE
City-St-Zip: TAMPA, FL 33634

Title: MGR ( ) Delete
Name: LLOYD, JOHN
Address: 522 18TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR ( ) Delete
Name: STOKES, CURTIS L
Address: PO BOX 48522
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BROWN, ERIC B
Address: 405 N. REO STREET
City-St-Zip: TAMPA, FL 33609

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

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: ERIC B. BROWN MGR 09/25/2006

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