

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000065050

Entity Name: EASTBRIDGE LAND, LLC

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

1809 E BROADWAY ST  
SUITE 352  
OVEIDO, FL 32765

## New Principal Place of Business:

961 EASTBRIDGE DRIVE  
OVIEDO, FL 32765 US

## Current Mailing Address:

1809 E BROADWAY ST  
SUITE 352  
OVEIDO, FL 32765

## New Mailing Address:

961 EASTBRIDGE DRIVE  
OVIEDO, FL 32765 US

FEI Number: 20-3113345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751 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: JEFFREY M. KOLTUN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BROWNING, RONALD S  
Address: 1179 OSPREY WAY  
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete  
Name: BROWNING, SHARON M  
Address: 1179 OSPREY WAY  
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete  
Name: BROWNING, VICTORIA JO  
Address: 2799 WEST LIVE OAK LANE  
City-St-Zip: LECANTO, FL 34461

Title: MGRM ( ) Delete  
Name: BROWNING, RONALD J  
Address: 2799 WEST LIVE OAK LANE  
City-St-Zip: LECANTO, FL 34461

## ADDITIONS/CHANGES:

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

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

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 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: SHARON M. BROWNING

MGRM

01/07/2008

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