2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# L05000069344

Entity Name: COLONIAL DRIVE PARTNERS, LLC

Current Principal Place of Business:

608 E. CENTRAL BLVD.
ORLANDO, FL 32801 US

New Principal Place of Business:

801 NORTH ORANGE AVENUE
STE. 530
ORLANDO, FL 32801 US

Current Mailing Address:

608 E. CENTRAL BLVD.
ORLANDO, FL 32801 US

New Mailing Address:

801 NORTH ORANGE AVENUE
STE. 530
ORLANDO, FL 32801 US

FEI Number: 20-5266301 **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:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

USTLER, CRAIG T
801 NORTH ORANGE AVENUE
STE. 530
ORLANDO, FL 32801 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: CRAIG T. USTLER 10/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: USTLER, CRAIG T
Address: 608 E. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: USTLER, CRAIG T
Address: 801 NORTH ORANGE AVENUE, STE. 530
City-St-Zip: ORLANDO, FL 32801 US

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: CRAIG T. USTLER MGR 10/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date