2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 15, 2007
Secretary of State

DOCUMENT# L05000091455

Entity Name: 2772 GRAY FOX LANE LLC

Current Principal Place of Business:

P.O. BOX 30954
PALM BEACH GARDENS, FL 33420

New Principal Place of Business:

2772 GRAY FOX LANE
ORLANDO, FL 32826

Current Mailing Address:

P.O. BOX 30954
PALM BEACH GARDENS, FL 33420

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PICO, JOSE L
15275 89TH AVE N
PALM BEACH GARDENS, FL 33418 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: JOSE L.PICO 06/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: P.T. INVESTMENT GROU, P, LLC
Address: P.O. BOX 30954
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PICO, JOSE L
Address: P.O. BOX 30954
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: MGR ( ) Change (X) Addition
Name: PICO, PILAR T
Address: P.O. BOX 30954
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: JOSE L. PICO MGR 06/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date