

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000091901

Entity Name: THREE OLD MEN, LLC

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

625 COURT STREET STE 200
CLEARWATER, FL 33756

New Principal Place of Business:

1208 S. MYRTLE
CLEARWATER, FL 33756

Current Mailing Address:

625 COURT STREET STE 200
CLEARWATER, FL 33756

New Mailing Address:

1208 S. MYRTLE
CLEARWATER, FL 33756

FEI Number: 20-3490560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET STE 200
CLEARWATER, FL 33756 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: J. PAUL RAYMOND

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: M/M () Change (X) Addition
Name: SHEPPARD, PATRICK
Address: 1208 S. MYRTLE
City-St-Zip: CLEARWATER, FL 33756

Title: MEM () Change (X) Addition
Name: HOWELL, HOWARD
Address: 1208 S. MYRTLE
City-St-Zip: CLEARWATER, FL 33756

Title: MEM () Change (X) Addition
Name: DIGIOVANNI PARTNERS., LTD.
Address: 1208 S. MYRTLE
City-St-Zip: CLEARWATER, FL 33756

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: PATRICK SHEPPARD

M/M

10/11/2006

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