2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092922

Entity Name: TRIANGLE PARK LLC

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

463 FRIENDSHIP DRIVE 17806 WESTBAY COURT ORLANDO, FL 32835 WINTER GARDEN, FL 34787

Current Mailing Address: New Mailing Address:

463 FRIENDSHIP DRIVE P. O. BOX 112 ORLANDO, FL 32835 P. O. BOX 112 GOTHA, FL 34734

FEI Number: 20-3505910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASSIM, MOHAMED R 463 FRIENDSHIP DRIVE ORLANDO, FL 32835 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: MOHAMED HASSIM

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 SALARBUX, M. ZAHEER
 Name:
 SALARBUX, M. ZAHEER

 Address:
 P.O.BOX 10866
 Address:
 P.O.BOX 112

City-St-Zip: ALEXANDRIA, VA 22310 City-St-Zip: GOTHA, FL 34734

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SALARBUX, SHADERA A Name: SALARBUX, SHADERA A

 Address:
 P.O. BOX 10866
 Address:
 P.O. BOX 112

 City-St-Zip:
 ALEXANDRIA, VA 22310
 City-St-Zip:
 GOTHA, FL 34734

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: M. ZAHEER SALARBUX MGRM 03/21/2007