2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAR -9 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02202007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000093419

1. Entity Name
LA ROSA, LLC

Principal Place of Business	Mailing Address
2006 E 4TH AVENUE TAMPA, FL 33605	PO BOX 88 VALRICO, FL 33595

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2701 N. Rocky Point Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc: 900
City & State	City & State: Tampa, FL
Zip / Country	Zip: 33607 / Country: USA

4. FEI Number — [x] Applied For [ ] Not Applicable

5. Certificate of Status Desired [x] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DRIVE STE 900
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Julius J. Zschau 03/08/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIVITELLO, ANTHONY 1700 SHERMAN AVENUE HARRISON, CT 06514 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[x] Change [ ] Addition Hamden, CT 06514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 900092370839 03/13/07--01039--003 **105.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Anthony F. Civitello 3/2/07 203-915-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #