

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000097154

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

**Entity Name:** SEVENTY EIGHTH PROPERTIES LLC

**Current Principal Place of Business:**

1728 BRANDON TRACE AVE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

1728 BRANDON TRACE AVE  
BRANDON, FL 33510

**New Mailing Address:**

**FEI Number:** 20-3560160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITTEMORE CARRIGAN CHAVARRIA LLP  
3910 NORTHDAL BLVD  
SUITE 100  
TAMPA, FL 33624 US

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

CHOWDHURY, AZAM M  
1728 BRANDON TRACE AVENUE  
BRANDON, FL 33510 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: CHOWDHURY AZAM

10/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AKTHER, RAHIMA  
Address: 1728 BRANDONTRACE AVENUE  
City-St-Zip: BRANDON, FL 33510

Title: MGRM ( ) Delete  
Name: AZAM, CHOWDHURY  
Address: 1728 BRANDON TRACE AVENUE  
City-St-Zip: BRANDON, FL 33510

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHOWDHURY AZAM

MGRM

10/12/2006

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