


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 16 PM 2:11

ST. JAMES COUNTY, FL  
TOL. 3000000000

DOCUMENT # L05000100659		
1. Entity Name WTMJ PROPERTIES I, LLC		

Principal Place of Business 8109 THE MERES DRIVE MOUNT DORA, FL 32757	Mailing Address <del>8109 THE MERES DRIVE</del> MOUNT DORA, FL <del>32757</del>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 988
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State City: Mnt. Dora FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32757	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLAND, MARY JANE 8109 THE MERES DRIVE MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Mary Jane Bland (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLAND, MARY JANE 8109 THE MERES DRIVE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700103299317 05/25/07--01025--015 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Jane Bland Date: 5/15/07 352-735-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE