

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 8:30

EPDVNF0U!\$ L05000102460 2/ Entity Name TALLY PROPERTIES, LLC			
Principal Place of Business 448!SPTT!SFE LEMB BTIFF!QM43414		Mailing Address 4551!TX!63QETUSFFU GPSUNBVFSEBNF!QM44423	
3/ Principal Place of Business		4/ Mailing Address 3604 North Meridian Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FL	
Zip		Zip 32312	
Country		Country USA	
7/ Obn f lboelBees t t lpgDvss ouSf hjt d f e!Bhf ou		8/ Obn f lboelBees t t lpgOf x iSf hjt d f e!Bhf ou	
ALEXANDER, STEPHANIE 3440 SW 52ND STREET FORT LAUDERDALE, FL 33312		Name Street Address (P.O. Box Number is Not Acceptable) 3604 North Meridian Road City Tallahassee, FL	
9/ 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.		5/ FEI Number 13-4312892	
SIGNATURE <i>S. Alexander</i> Signature, typed or printed name of registered agent and title if applicable.		6/ Certificate of Status Desired <input checked="" type="checkbox"/> %6/11 Beejpbm G f iSf r vj d e DATE 12/22/06	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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			
: / MANAGING MEMBERS/MANAGERS		21/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, STEPHANIE 3440 SW 52ND STREET FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alexander Stephanie 3604 North Meridian Road Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082815842 12/28/06--01018--012 **110.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
22/ 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.			
T.JOBVVSF: <i>S. Alexander</i> T.JOBVVSF BOE LZQFE PS Q6.DUFE OBNF PG.T.HODH NBOB.HD NFNCFS-NBOBHS-IPSIBVU PS.FEISQSFTOUBUWF		Date 12/22/06 (856) 459-9999	