2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000105561

Entity Name: LONE TREE FINANCIAL GROUP, LLC

FILED Dec 11, 2007 Secretary of State

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

9940 LONE TREE LANE ORLANDO, FL 32836

Current Mailing Address: New Mailing Address:

9940 LONE TREE LANE ORLANDO, FL 32836

FEI Number: 22-3917871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

SICARD, SUSAN L MGR 9940 LONE TREE LANE US ORLANDO, FL 32836

ORLANDO, FL 32836

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: SUSAN L. SICARD 12/11/2007

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

MANAGING MEMBERS/MANAGERS:

ORLANDO, FL 32836

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition SICARD, NORMAN R SICARD, SUSAN L Name: Name: 9940 LONE TREE LANE Address: 9940 LONE TREE LANE Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32836

(X) Change () Addition Title: MGR () Delete Title: MGR Name: SICARD, SUSAN L Name: SICARD, ANDRE S Address: 9940 LONE TREE LANE Address: 9940 LONE TREE LANE

Title: () Delete Title: () Change () Addition

SICARD, SUSAN L Name: Name: 9940 LONE TREE LANE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip:

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

Name: SICARD, NORMAN R Name: RAYMOND, JOSEPH 9940 LONE TREE LANE 9940 LONE TREE LANE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN L. SICARD 12/11/2007