2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 27, 2007
Secretary of State

DOCUMENT# L05000109985

Entity Name: CONDO MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

16606 PALM ROYAL DRIVE
#1110
TAMPA, FL 33647

New Principal Place of Business:

10336 MEADOW CROSSING DR
TAMPA, FL 33647

Current Mailing Address:

16606 PALM ROYAL DRIVE
#1110
TAMPA, FL 33647

New Mailing Address:

10336 MEADOW CROSSING DR
TAMPA, FL 33647

FEI Number: 20-3981434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: DAVID N WILLIAMS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HAWKER, JENNY L
Address: 16606 PALM ROYAL DRIVE #1110
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete
Name: HAWKER, BRETT A
Address: 16606 PALM ROYAL DRIVE #1110
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAWKER, JENNY L
Address: 10336 MEADOW CROSSING DR.
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Change ( ) Addition
Name: HAWKER, BRETT A
Address: 10336 MEADOW CROSSING DR.
City-St-Zip: TAMPA, FL 33647

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: JENNY HAWKER MGR 09/27/2007

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