

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113397

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: CHOCTAW PENSION ACTUARIES LLC

## Current Principal Place of Business:

275 BAYSHORE BLVD, UNIT 1608  
TAMPA, FL 33606 US

## New Principal Place of Business:

23 HARBOR WOODS CIRCLE  
SAFETY HARBOR, FL 34695 US

## Current Mailing Address:

275 BAYSHORE BLVD, UNIT 1608  
TAMPA, FL 33606 US

## New Mailing Address:

PO BOX 907  
SAFETY HARBOR, FL 34695 US

FEI Number: 20-4503408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEAVERS, GARY  
275 BAYSHORE BLVD, UNIT 1608  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

BEAVERS, GARY  
23 HARBOR WOODS CIRCLE  
SAFETY HARBOR, FL 34695 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: GARY L. BEAVERS

02/20/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BEAVERS, LINDA  
Address: 275 BAYSHORE BLVD, UNIT 1608  
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM (X) Delete  
Name: BEAVERS, GARY  
Address: 275 BAYSHORE BLVD, UNIT 1608  
City-St-Zip: TAMPA, FL 33606 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BEAVERS, GARY  
Address: 23 HARBOR WOODS CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

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

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: GARY L BEAVERS

MGRM

02/20/2008

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