

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000116110

Entity Name: P2F FUND, LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

255 SOUTH ORANGE AVENUE
SUITE 750
ORLANDO, FL 32801

New Principal Place of Business:

400 N. ASHLEY DRIVE
SUITE 1700
TAMPA, FL 33602

Current Mailing Address:

255 SOUTH ORANGE AVENUE
SUITE 750
ORLANDO, FL 32801

New Mailing Address:

400 N. ASHLEY DRIVE
SUITE 1700
TAMPA, FL 33602

FEI Number: 20-3901659 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:

POCKLINGTON, JEFFREY L
255 SOUTH ORANGE AVENUE
SUITE 750
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WARD, DAVID T
400 N. ASHLEY DRIVE
SUITE 1700
TAMPA, FL 33602 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: DAVID T. WARD

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POCKLINGTON, JEFFREY L
Address: 255 SOUTH ORANGE AVENUE STE 750
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JENNEWINE, DONALD A
Address: 400 N. ASHLEY DRIVE, SUITE 1700
City-St-Zip: TAMPA, FL 33602

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: DONALD A. JENNEWINE

MGRM

01/29/2009

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