

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000120985

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** VB TAMPA I LLC

**Current Principal Place of Business:**

222 BALDPATE HILL ROAD  
NEWTON, MA 02459

**New Principal Place of Business:**

**Current Mailing Address:**

222 BALDPATE HILL ROAD  
NEWTON, MA 02459

**New Mailing Address:**

**FEI Number:** 30-0291787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENT SOLUTIONS, INC.  
1333 N. DUVAL STREET  
TALLAHASSEE, FL 32303 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:** REGISTERED AGENT SOLUTIONS INC.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BLOOM, MARTIN A  
**Address:** 222 BALDPATE HILL ROAD  
**City-St-Zip:** NEWTON, MA 02459

**Title:** MGR ( ) Delete  
**Name:** CONKLIN, TERRENCE J  
**Address:** 3 COTTON FARM LANE  
**City-St-Zip:** NORTH HAMPTON, NH 03862

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** MARTIN A. BLOOM

MGR

10/18/2006

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