

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000048630

Entity Name: OLD PROPERTIES LLC

FILED  
Sep 19, 2007  
Secretary of State

**Current Principal Place of Business:**

212 N. 2ND STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

212 N. 2ND STREET  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

O'NEILL, MICHAEL P  
212 N. 2ND STREET  
LEESBURG, FL 34748 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: MICHAEL P ONEILL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'NEILL, MICHAEL P M.D.  
Address: 212 N. 2ND STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: LORD, JAYSON  
Address: 212 N 2ND STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: MGRM ( ) Change (X) Addition  
Name: DOMSON, CHARLES  
Address: 212 N 2ND STREET  
City-St-Zip: LEESBURG, FL 34748 US

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: MICHAEL P ONEILL

MGRM

09/19/2007

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