2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 27, 2007
Secretary of State

DOCUMENT# L06000049769

Entity Name: LANDER INVESTMENTS, L.L.C.

Current Principal Place of Business:

6123 SAVOY CIRCLE
LUTZ, FL 335582814

New Principal Place of Business:

2812 PASS-A-GRILLE-WAY
ST. PETE BEACH, FL 33706 US

Current Mailing Address:

6123 SAVOY CIRCLE
LUTZ, FL 335582814

New Mailing Address:

2812 PASS-A-GRILLE-WAY
ST PETE BEACH, FL 33706 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKINSON, G. BARRY
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

LANDER, TREISUE
2812 PASS-A-GRILLE-WAY
ST. PETE BEACH, FL 33706 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: TERISUE LANDER 11/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LANDER, TERISUE
Address: 2812 PASS-A-GRILLE-WAY
City-St-Zip: ST, PETE BEACH, FL 33706 US

Title: MGRM ( ) Change (X) Addition
Name: WHEELER, SUSAN T
Address: 30 SURF ROAD
City-St-Zip: WESTPORT, CT 06880 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: TERISUE LANDER MGMR 11/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date