

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000050013

**FILED**  
**Sep 27, 2007**  
**Secretary of State**

**Entity Name:** RICHARDSON INVESTMENT PROPERTIES, LLC

**Current Principal Place of Business:**

2090 NORTH ORANGEBLOSSOM TRAIL  
ORLANDO, FL 32751

**New Principal Place of Business:**

2090 NORTH ORANGEBLOSSOM TRAIL  
ORLANDO, FL 32804

**Current Mailing Address:**

2090 NORTH ORANGEBLOSSOM TRAIL  
ORLANDO, FL 32751

**New Mailing Address:**

2090 NORTH ORANGEBLOSSOM TRAIL  
ORLANDO, FL 32804

**FEI Number:** 20-4873087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDSON, JOHN  
2090 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804 US

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

RICHARDSON, JOHN W  
2090 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804 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: JOHN W. RICHARDSON

09/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RICHARDSON, JOHN  
Address: 2090 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RICHARDSON, JOHN W  
Address: 2090 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

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: JOHN W. RICHARDSON

MGR

09/27/2007

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