2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 21, 2007
Secretary of State

DOCUMENT# L06000061094

Entity Name: SOUTH SHORE INVESTMENTS, LLC

Current Principal Place of Business:

12927 FIELDMOOR COURT
RIVERVIEW, FL 33569 US

New Principal Place of Business:

1223 EAST GIDDENS AVENUE
TAMPA, FL 33603 US

Current Mailing Address:

12927 FIELDMOOR COURT
RIVERVIEW, FL 33569 US

New Mailing Address:

1223 EAST GIDDENS AVENUE
TAMPA, FL 33603 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SCARLETT, CHRISTOPHER D
12927 FIELDMOOR COURT
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

SCARLETT, CHRISTOPHER D
1223 EAST GIDDENS AVENUE
TAMPA, FL 33603 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: CHRISTOPHER D SCARLETT 12/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCARLETT, CHRISTOPHER D
Address: 12927 FIELDMOOR COURT
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCARLETT, CHRISTOPHER D
Address: 1223 EAST GIDDENS AVENUE
City-St-Zip: TAMPA, FL 33603 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: CHRISTOPHER SCARLETT MGRM 12/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date