2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000068843

Entity Name: FAMILY PRIORITY LENDING LLC

FILED Sep 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4102 MONTICELLO GARDENS PLACE 11116 GOLDEN SILENCE DRIVE RIVERVIEW, FL 33579 **APT 201B**

TAMPA, FL 33613

Current Mailing Address:

New Mailing Address:

4102 MONTICELLO GARDENS PLACE 11116 GOLDEN SILENCE DRIVE RIVERVIEW, FL 33579

APT 201B TAMPA, FL 33613 US

Certificate of Status Desired ()

FEI Number: 86-1171358 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

HAWTHORNE, LAVONSKY D

LUCAS, BRIAN 11116 GOLDEN SILENCE DRIVE

4102 MONTICELLO GARDENS PLACE **APT 201B**

RIVERVIEW, FL 33579

TAMPA, FL 33613 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: BRIAN LUCAS 09/10/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

HAWTHORNE, LAVONSKY D ODOM, WILFRED JR Name: Name: 4102 MONTICELLO GARDENS PLA APT 201B Address: 1710 60TH AVENUE Address:

City-St-Zip: TAMPA, FL 33613 City-St-Zip: GULFPRORT, MS 39501

Title: Title: MGRM () Change (X) Addition () Delete

Name: Name: LUCAS, BRIAN

Address: Address: 11116 GOLDEN SILENCE DRIVE

City-St-Zip: City-St-Zip: RIVERVIEW, FL 33579

Title: () Delete Title: MGRM () Change (X) Addition

HAWTHORNE, LAVONSKY Name: Name: 4102 MONTICELLO GARDENS PLA APT 201B Address: Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33613

() Change (X) Addition Title: () Delete Title: MGRM

LUCAS, JAN Name: Name:

11116 GOLDEN SILENCE DRIVE Address: Address:

City-St-Zip: City-St-Zip: RIVERVIEW, FL 33579

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: BRIAN LUCAS **MGRM** 09/10/2008