


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 24 AM 11:59

DOCUMENT # L06000076655		
1. Entity Name D & R VENTURES, LLC		

Principal Place of Business 315 S. HYDE PARK AVENUE TAMPA, FL 33606	Mailing Address 315 S. HYDE PARK AVENUE TAMPA, FL 33606
---	---

2. Principal Place of Business - No P.O. Box # 3980 TAMPA ROAD	3. Mailing Address 3980 TAMPA ROAD
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202
City & State OLDSMAR, FL	City & State OLDSMAR, FL
Zip 34677	Country PINELLAS



03192008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent RICHARD, JAMES 3980 TAMPA ROAD, STE 202 OLDSMAR, FL 34677-3223		7. Name and Address of New Registered Agent Name JAMES I. RICKARD Street Address (P.O. Box Number is Not Acceptable) 3980 TAMPA ROAD SUITE 202 City OLDSMAR FL Zip Code 34677	
---	--	---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James I. Rickard DATE 4/21/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
-----------------------------	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input type="checkbox"/> Delete SHARI POLUR 507 BRIAR HILL ROAD LOUISVILLE, KY. 40206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200125575402 04/24/08--01037--011 **277.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Shari Polun DATE 4/10/08 DAYTIME PHONE # 502 489-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE