

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 05, 2008
Secretary of State**

DOCUMENT# L06000097037

Entity Name: 2401 FOURTH STREET NORTH, L.L.C.

Current Principal Place of Business:

2401 FOURTH STREET NORTH
ST. PETERSBURG, FL 337042803

New Principal Place of Business:

Current Mailing Address:

2401 FOURTH STREET NORTH
ST. PETERSBURG, FL 337042803

New Mailing Address:

FEI Number: 20-5683399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BOTTS, JAMES
Address: 2401 4TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: MGRM (X) Change () Addition
Name: VENCE, RAYMOND
Address: 2401 4TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR (X) Delete
Name: VENCE, RAYMOND
Address: 2401 4TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAYMOND VENCE

MGRM

11/05/2008

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