

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000103535

1. Entity Name
SHOPPES AT TARA-NIELSEN, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

08 DEC -2 PM 2: 07

Principal Place of Business 1767 LAKEWOOD RANCH BLVD, #292 BRADENTON, FL 34211	Mailing Address 1767 LAKEWOOD RANCH BLVD, #292 BRADENTON, FL 34211
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10292008 REIN-LLC CR2E101 (1/07)

City & State	City & State	4. FEI Number 26-1277182	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLALOCK, WALTERS HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$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	MGR CAMBRA, JERRY M 1767 LAKEWOOD RANCH BLVD, #292 BRADENTON, FL 34211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2008</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">000138347420</div> <div style="font-size: 1.2em; font-weight: bold;">12/01/08--01075--008 **138.75</div>
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
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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: _____

Date: **11/24/08** Daytime Phone #: **941-747-0305**

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