

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L98000002837

Entity Name: W.O.R.Y. INVESTORS, L.L.C.

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

10620 FIESTA STREET
CLERMONT, FL 34711

New Principal Place of Business:

235 SOUTH BEAR POINTE DR
LAKE PLACID, FL 33852

Current Mailing Address:

PO BOX 120717
CLERMONT, FL 347120717

New Mailing Address:

235 SOUTH BEAR POINTE DR
LAKE PLACID, FL 33852

FEI Number: 59-3563831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSBURN, ROBERT O
10620 FIESTA STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

OSBURN, ROBERT O
235 SOUTH BEAR POINTE DRIVE
LAKE PLACID, FL 33852 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: ROBERT O OSBURN

02/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEST, T. MILTON
Address: 8925 WEST COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34761

Title: MGR () Delete
Name: OSBURN, ROBERT O
Address: 10620 FIESTA STREET
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: OSBURN, ROBERT O
Address: 235 SOUTH BEAR POINTE DR
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT O OSBURN

MGR

02/06/2006

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