

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000007025

FILED
Oct 11, 2006
Secretary of State

Entity Name: ABC INVESTMENT HOLDINGS, LLC

Current Principal Place of Business:

201 N FRANKLIN ST,ATTN:WM J. SCHIFINO,JR
ONE TAMPA CITY CENTER, SUITE 2600
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 N FRANKLIN ST,ATTN:WM J. SCHIFINO,JR
ONE TAMPA CITY CENTER, SUITE 2600
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3603973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, CHARLES F JR.
201 N FRANKLIN ST,ATTN:WM J SCHIFINO,JR
ONE TAMPA CITY CENTER, SUITE 2600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: /S/ CHARLES F. PETERSON, JR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADAMS, ALLISON C
Address: 2924 BAYSHORE CT.
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: CASPER, BLAKE J
Address: 345 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

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

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

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: /S/ ALLISON CASPER ADAMS

MGR

10/11/2006

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