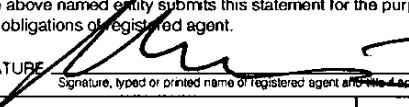
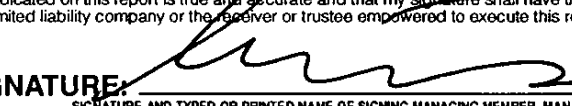


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001470 1. Entity Name ELAD PROPERTIES, LLC					
Principal Place of Business 10132 US HWY 19 PORT RICHEY, FL 34668			Mailing Address 24296 SEASIDE RD SEAVIEW, VA 23429		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 108 Bay Avenue Suite, Apt. #, etc.			
City & State		City & State Cape Charles, VA		4. FEI Number 54-1945546	
Zip 23310-3102	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000			7. Name and Address of New Registered Agent Name William J. Kimpton Street Address (P.O. Box Number is Not Acceptable) KIMPTON, BURKE & BOBENHAUSEN, PA 28059 US 19 North, Suite 100 City Clearwater FL Zip Code 33761		
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  William J. Kimpton, Reg. Agent 12/6/04 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE LEWIN FAMILY LIMITED PARTNERSHIP 24296 SEASIDE ROAD SEAVIEW, VA 23429 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 Bay Avenue Cape Charles, VA 23310-3102 <input checked="" 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	
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 exemption stated in Section 119.07(3)(i), 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 			12/6/04 (727) 791-0063 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE William J. Kimpton, Authorized Representative					

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