L01000010694

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 FEB -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000010694

1. Limited Liability Company's Name

RIVER OAKS, LLC

BR

2. Principal Office Address	3. Mailing Office Address
135 Professional Drive	
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State
Zip: 32082 Country: ST. JOHNS	Zip Country

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 7/02/2001

6. FEI Number: 59-3729240 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED XX ($5.00 Additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: BARTLETT & DEAL, P.A.

Street Address (P.O. Box Number is Not Acceptable): 135 Professional Drive

Suite, Apt. #, Etc.: Suite 101

City: Ponte Vedra Beach | State: FL | Zip Code: 32082

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ (REGISTERED AGENT MUST SIGN) Date: 904-285-5299

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	BARON L. BARTLETT	135 PROFESSIONAL DR. #101	PONTE VEDRA BEACH FL 32082
M	KEN KUESTER	135 PROFESSIONAL DR. #101	PONTE VEDRA BEACH FL 32082
M	CHUCK HIERS	135 PROFESSIONAL DR. #101	PONTE VEDRA BEACH FL 30282

REINSTATEMENT 2004-2005

B#E04000293668
02/10/05--01010--021 **205.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

Signature of Managing Member/Manager: _____ Date: 1/31/05 Daytime Phone # 904-285-5299

BARON L. BARTLETT

Typed or printed name of signing Managing Member/Manager