


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 20 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000037615</b> 1. Entity Name <b>MISSION CREEK OF FLORIDA, LLC</b>	
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Principal Place of Business <b>1350 SOUTH FRONTAGE ROAD HASTINGS, MN 55033</b>	Mailing Address <b>1350 SOUTH FRONTAGE ROAD HASTINGS, MN 55033</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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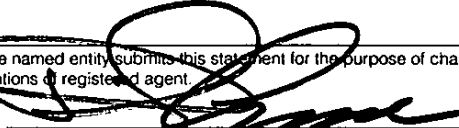
12132004 REIN-LLC CR2E101 (6/04)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>KOCH, HERBERT P WATERSIDE @ BAY BEACH 4198 BAY BEACH LANE, UNIT 1H5 FORT MYERS, FL 33931</b>	7. Name and Address of New Registered Agent Name <b>David A. Lawrence</b> Street Address (P.O. Box Number is Not Acceptable) <b>6620 Estero Blvd.</b> City <b>Ft. Myers Beach, FL</b> Zip Code <b>33931</b>
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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  DATE **12/14/04**


(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$200.00</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>SCHWARZHOFF, CHARLES A</b> <b>33130 58TH AVENUE PATH</b> <b>CANNON FALLS, MN 55009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>700043534167</b> <b>12/20/04--01084--007 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>HOLLAR, NANCY</b> <b>4019 THOMAS AVNUE</b> <b>HASTINGS, MN 55033</b>	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

REINSTATEMENT 04

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:  DATE **12/14/04** (651)4371818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #