

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 23, 2006
Secretary of State**

DOCUMENT# L05000072466

Entity Name: FIRSTCITY PARTNERS, LLC

Current Principal Place of Business:

749 HARBOUR ISLES PLACE
NORTH PALM BEACH, FL 33410

New Principal Place of Business:

Current Mailing Address:

749 HARBOUR ISLES PLACE
NORTH PALM BEACH, FL 33410

New Mailing Address:

FEI Number: 20-3257750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EVERITT, W. D JR.
749 HARBOUR ISLES PLACE
NORTH PALM BEACH, FL 33410 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: W D EVERITT, JR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: EVERITT, W. D JR.
Address: 749 HARBOUR ISLES PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

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

Title: MGR () Delete
Name: CONNER, MARK A
Address: 827 FAIRWAYS COURT, SUITE 310
City-St-Zip: STOCKBRIDGE, GA 30281

Title: MGR (X) Change () Addition
Name: CONNER, MARK A
Address: 831 FAIRWAYS COURT, SUITE
City-St-Zip: STOCKBRIDGE, GA 30281

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: W D EVERITT, JR.

MGRM

10/23/2006

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