2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2008
Secretary of State

DOCUMENT# L07000004526

Entity Name: GULF COAST PROPERTY COMPANY, LLC

Current Principal Place of Business:

2613 HIGHWAY 95A SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

801 W. ROMANA STREET
PENSACOLA, FL 32501

Current Mailing Address:

2613 HIGHWAY 95A SOUTH
CANTONMENT, FL 32533

New Mailing Address:

801 W. ROMANA STREET
PENSACOLA, FL 32501

FEI Number: **FEI Number Applied For (X)** **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:

MITCHEM, WILLIAM H
BEGGS & LANE RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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: WILLIAM H. MITCHEM

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: BROWN, JEREMY
Address: 801 W. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Change (X) Addition
Name: WILLIAMS, CHAD
Address: 801 W. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify 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: CHAD WILLIAMS MGR 10/06/2008

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