2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED 07 DEC -4 PM 1:35 DOCUMENT # A05000002120 REGAL STEPHENS PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 156 COVE DRIVE 156 COVE DRIVE MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10172007 REIN-LP CR2E100 (1/07) City & State City & State 4. FEI Number Applied For 20-3840279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKE, TODD Street Address (P.O. Box Number is Not Acceptable) BURKE, BLUE, HUTCHINSON & WALTERS, P.A. 215 GRAND BOULEVARD, SUITE 101 DESTIN, FL 32550 City Zip Code 8. Pursuant to the provisions of section 620.1810 or 620.1909. Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title 4 applicable (REGISTERED AGENT MUST SIGN) In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 After January 1, 2008, Fee will be \$1000.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. L05000111668 DOCUMENT # STREET ADDRESS REGAL STEPHENS DEVELOPMENT, LLC STREET ADDRESS 156 COVE DRIVE CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP 500112787155 12/03/07--01059--005 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS REINS [sinethalogiess] CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/2 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

CITY-ST-ZIP

II, MANAGEL, LECAL STEPHENS PENELOIMENT, LLC ING GENERAL PARTNER SIGNATURE: