2007 LIMITED PARTNERSHIP REINSTATEMENT

CHECK

SECRETARY OF STATE DIVISION OF CORPORATION DOCUMENT # A05000002121 1. Entity Name REGAL STEPHENS CONSTRUCTION, LTD. 07 DEC -4 AM 11: 51 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 CR2E100 (1/07) REIN-LP Applied For City & State City & State 4. EEL Number 20-3840307 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURKE TODD BURKE, BLUE, HUTCHISON & WALTERS, P.A. Street Address (P.O. Box Number is Not Acceptable) 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 nume of registered agent and little if applicable. [HEGISTERED AGENT MUST SIGN] DAIL In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION DOCUMENT # L05000111371 STREET ADDRESS RRS HOLDINGS OF FLORIDA, LLC HAME STREET ADDRESS 156 COVE DRIVE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR BEACH, FL 32550 - 3001127871 12/03/07--01059--006 DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP City - ST-ZiP DOCUMENT # STREET ADORESS MALIS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CATY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Turther 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. C. RUSSELL POLYTE II. MANAGEL, KRS Ifocolous or Floridas, LEC \mathbf{z}_{r} SIGNATURE: