

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:47

<b>DOCUMENT # L00000000477</b> 1. Entity Name <b>FRANKLIN GOLF MANAGEMENT, LLC</b>					
Principal Place of Business <del>3300 EVENTIDE PL</del> <del>STUART, FL 34994</del> <b>7000 OAKHURST LANE</b> <b>CLARKSTON, MI. 48348</b>			Mailing Address <del>3300 EVENTIDE PL</del> <del>STUART, FL 34994</del> <b>SAME</b>		
2. Principal Place of Business <b>7000 OAKHURST LANE</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062006 REIN-LLC CR2E101 (11/05)	
City & State <b>CLARKSTON, MI</b>		City & State		4. FEI Number <b>65-0985869</b>	
Zip <b>48348</b>		Country <b>OAKLAND</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>HORN, DEAN B</del> <del>3300 EVENTIDE PL</del> <del>STUART, FL 34994</del> <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION, FLORIDA</b> <b>33324</b>		7. Name and Address of New Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION, FL.</b> <b>FL 33324</b>			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALASSIS, D. CRAIG 3955 PINNACLE CT. AUBURN HILLS, MI 48326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900079974579</b> <b>09/15/06--01039--013 **200.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORN, DEAN B <del>3300 EVENTIDE PL</del> <b>4779 OAKHURST RIDGE RD.</b> <del>STUART, FL 34994</del> <b>CLARKSTON, MI 48348</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ED CHERNEY 3955 PINNACLE CT AUBURN HILLS, MI 48326		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	
11. I hereby certify that the information supplied with this filing does not qualify 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 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 <b>8-26-06</b> Daytime Phone # <b>248-760-2835</b>		