

L000000012072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
03 OCT 13 AM 8:28

GRIMSLEY MARKER & ISELEY, P.A.

50 NORTH LAURA STREET, SUITE 2150
JACKSONVILLE, FLORIDA 32202
(904) 354-9900 - TELECOPIER (904) 354-9994
E-MAIL ADDRESS - nmulea@ilink.com

NANCY M. MULEA
PROBATE LEGAL ASSISTANT

DIRECT LINE
(904) 354-9672

October 6, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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RE: May Street, LLC
Document # L00000012072

Dear Ladies/Gentlemen:

Enclosed are the following documents to obtain the reinstatement of May Street, LLC:

1. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and
2. Limited Liability Company Reinstatement.

Also enclosed is our check in the amount of \$230, representing the Reinstatement Fee of \$100, Change of Registered Agent Fee of \$25, Annual Fee of \$100 and the fee to obtain a Status Report of \$5.

Please send the Status Report to the Registered Agent, at the address shown on the reinstatement form.

Florida Department of State
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Please call me at 1-888-286-1313 (Toll Free) if you have any questions or need additional information.

Very truly yours,



Nancy M. Mulea
Probate Legal Assistant

Enclosures

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: MAY STREET INTERESTS, LLC
2. The mailing address of the limited liability company is : 417 Porpoise Point Drive
St. Augustine, Florida 32084

10/04/00

L00000012072

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

George M. McClure

Name

170 Malaga Street, Suite A

Address

St. Augustine, Florida 32084

City, State and Zip

6. The name and address of the new registered agent and/or office:

Randall L. Marker

Name

50 North Laura Street, Suite 2150

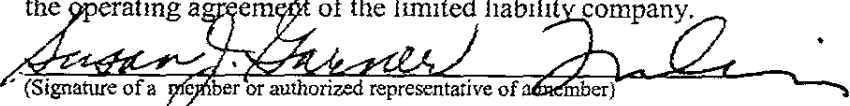
Florida street address (P.O. Box NOT acceptable)

Jacksonville

FL 32202

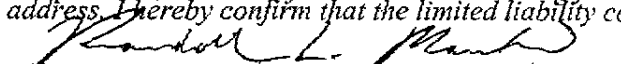
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Susan J. Garner and Timothy W. Davis, as Personal Representatives of the estate of
(Printed or typed name of signee) Robert A. McCormack, deceased, Managing Members

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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