PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIABILITY COMPANY ISTATEMENT	FLO	RIDA DEPART Secretary DIVISION OF CO	of State			FILED 2004 APR - I AM			
DOCUMENT # L01000000 492						DIVISION OF CORPORATIONS				
1. 1 mited Liability Company's Name						TALLAHASSEE, FLORIDA				
VICK'S LANDING PARTNERS LC										
,	_				-					
2. Principal Office Address 3. Mailing Office Address						500030062565 03/03/0401021005 **150.00				
2. Principal Office Address 1053 Martland Center Commons Blvd.						4. State/Country of Formation				
Suite, Apt. #, etc. Suite, Apt. #, etc.						FLORIDA				
Suit.	e 200					5. Date Organized or Qualified To Do Business in Florida				
City & State City & State							<u></u>		:	
Maitland, FL						- 59 = 3	697260	<u> </u>	lied For Applicable	
Zip 327	51 Country	S A Zip		Country		7.	SOE STATUS DESIRED T	Additional for a Certificate	ee required	
	8. Name and Address of Current Registered Agent									
	Name BERRY J. WALKER, JR. 500030062565 04/01/04-01055-013 **50.10									
	Street Address IP U. Hox Number is Not Acceptable)								۳. ا	
	1053 Maitland Center Commons Blvd. Suite, Apt. #, Etc.									
	Suite 200									
	City Ma	itland					State Zip Code FL 3275/	•	· .	
9. I, being appointed the registered agent of the above named fimited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent BERRY J. WALKER, JR. Date 2/12/04										
Signature of Registered Agent BERRY J. WALKER, JR. Date 2/12/04										
Negistered :	Agent	REGISTE	RED AGENT MUST	SIGN			Date 7	· ·	·	
10. Name	es and Street Addresses of	Managing Members/M	lanagers							
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip			
MGR	Michael B	E. Musra	y 115	N. Ma	itland	Ave.	Altamonte Spi	gs.,Fl	- 327so	
MGR	John T. Co	allahan, I	<u>III</u> 80 1	First	Stree	:+	Bridgewate	اد ^ک ۷	n A	
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11.1 certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when fling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.										
Signature of Managing Member/Manager Manager Manager Date 2-/2-04 Daytime Phone # 407-331-4300										
Typed or printed name of signing Managing Member/Manager										