

APPROVE  
AND  
FILED

02 DEC 18 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000863

Name and Mailing Address

0007271 01 FP 0.352 \*\*PRSRT T2 0 0615 30097-206829

[illegible]

BASS SPECIALTY PROPERTIES, L.L.C.

129 VILA MOURA WAY

DULUTH GA 30097-2068

RESTATEMENT 2002



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/16/2001	
Principal Place of Business 129 VILA MOURA WAY DULUTH GA 30155	3. New Principal Place of Business Address  City, State, Zip	6. FEL Number 582615281	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  WATSON, FRANKLIN H P.A. 5365 E. COUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH FL 32459		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent Franklin H. Watson P.A. REGISTERED AGENT MUST SIGN		Date 12/3/02	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BASS, ALAN H	129 VILA MOURA WAY	DULUTHGA 30155
			600009019536 11/15/02--01026--009 **150.00
			600009019536 11/15/02--01026--010 **5.00

CB2F094 (8/02)

12. I 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 filing 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

Date 11/06/02

Daytime Phone # 678-427-7308

Typed or printed name of signing Managing Member/Manager