


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
05 MAY 12 AM 11:01

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| DOCUMENT # L0100002612  |  |  |   |                |   |
| 1. Entity Name<br><b>DEERCREEK, L.L.C.</b>  |  |  |   |   |   |
| Principal Place of Business<br>25 E 13TH STREET<br>SUITE 5<br>SAINT CLOUD, FL 34769   |  | Mailing Address<br>P.O. BOX 2253<br>DOTHAN, AL 36302         |   |   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |   |
| City & State  |  | City & State   |   | 04302005 REIN-LLC CR2E101 (6/04)  |   |
| Zip   |  | Country  |   | 4. FEI Number<br><b>59-3728370</b>  |   |
|   |  |  |   | Applied For<br>Not Applicable   |   |
|   |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |   |   |
| GUERINO, JAMES R<br>1984 CAPITOL CIR NE<br>TALLAHASSEE, FL 32308  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>REINSTATEMENT 04-05</b><br>City <b>FL</b> Zip Code |   |   |
| <i>2858 Remington<br/>Green Cir.</i>  |  |  |   |   |   |
| 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 <i>James R. Guerino</i>   |  | (NOTE: Registered Agent signature required when reinstating) |   | DATE <i>4/29/05</i>   |   |
| <b>FILE NOW!!! FEE IS \$200.00</b>  |  |  |   | <b>Make check payable to<br/>Florida Department of State</b>                                    |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br><del>WINEGREEN</del> HOMEBUILDER, INC.<br>1312 SOUIX STREET<br>DOTHAN, AL 36303 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | → WIREGRASS  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 500056034495<br>06/10/05--01077--005 **200.00   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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: <i>Thomas F. Lender</i>  |  | THOMAS F. LENDER   |   | DATE <i>4/29/05</i> (850) 933-0434  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | DATE   |   | DAYTIME PHONE #   |   |