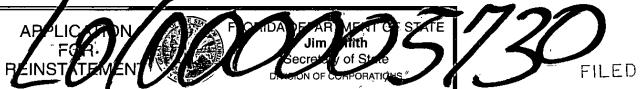
PLEASE BEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000005730

Name and Mailing Address

03 JAN 22 PM 1:11

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Mailing Address			4. State/Country of Formation FL		
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 04/12/2001				
Principal Place of Business 100 AVIATION DRIVE SOUTH	3. New Principal Place of Busin	3. New Principal Place of Business Address		6. FEI Number	
SUITE 202 NAPLES FL 34104	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
MURRAY, PAUL A 5117 CASTELLO DRIVE SUITE 2 NAPLES FL 34103		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City Zip Code			
	7//				
10. I, being appointed the sentered agent of the Signature of Registered Agent	goods lamed limited liability company	y, am familiar with	and accept the obli	gations of Chapter 608, F.S.  Date	3/2002
11. Names and Street Addresses of Each Manag	ng Member/Manager			· · · · · · · · · · · · · · · · · · ·	
Title (c) Name of Managing	Name of Managing Street Ad Members/Managers Managing Mana				State / Zip
MGRM Wallace J Hilliard 100		100 Arrahon Donic Sust		Napla Fle	Done Suth
		400009748514 12/31/0201005005 **150.00			
•			4 01/1	0000974 5/0301063(	8614 21. **50.00
			en e de		
12. I certify that I am managing member/manage filing this reinstatement application the reason all fees owed by the limited liability company has if made under oath.  Signature of	for dissolution has been eliminated, the	e limited liability co ed on this applicati	mpany name satisficion is true and accur	es the requirements of sect	ion 608.406, F.S., and that have the same legal effect