

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000008355

FILED
Jun 13, 2005
Secretary of State

Entity Name: EMERALD OAK LAND HOLDINGS, LLC

Current Principal Place of Business:

8720 SW SR 200
5
OCALA, FL 34481

New Principal Place of Business:

10580 SW 54TH COURT
OCALA, FL 34476

Current Mailing Address:

8720 SW SR 200
OCALA, FL 34481

New Mailing Address:

10580 SW 54TH COURT
OCALA, FL 34476

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TROW, CHESTER J
1 NE FIRST AVE.
SUITE 303
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHESTER J TROW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIZZO, VICTOR P
Address: 8720 SW SR 200
City-St-Zip: Ocala, FL 34481

Title: MGR () Delete
Name: RIZZO, JOAN
Address: 10442 SW 52ND COURT
City-St-Zip: Ocala, FL 34476

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIZZO, VICTOR P
Address: 10580 SW 54TH COURT
City-St-Zip: Ocala, FL 34476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VICTOR P RIZZO

MGR

06/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date