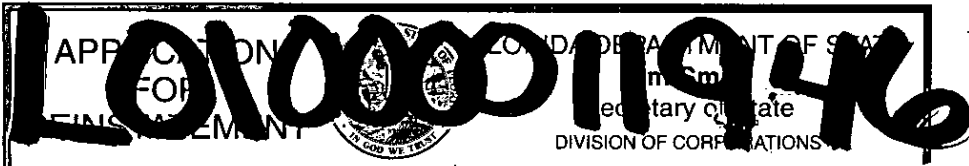


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000011946

Name and Mailing Address

0010047 01 FP 0.352 \*\*PRSR H6 0 0615 33480-422633

BLUE EGRET ROAD, LLC  
133 SEASPRAY AVE.  
PALM BEACH FL 33480-4226

FILED

03 APR 16 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 133 SEASPRAY AVE. PALM BEACH FL 33480 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/20/2001	
<b>6. FEI Number</b> #65-1122326		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> PRESSLY, KATHRYN S 133 SEASPRAY AVE. PALM BEACH FL 33480		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> Signature of Registered Agent <u>Kathryn S Pressly</u> Date <u>10/24/02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Kathryn S Pressly	133 Seaspray Ave	Palm Beach, Fla 33480
<b>REINSTATEMENT</b> <u>02-03</u> <u>dec</u>			
800014071728 03/14/03--01010--024 **200.00			

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 Kathryn S Pressly Date 10/24/02 Daytime Phone # 561.659.3513

Typed or printed name of signing Managing Member/Manager KATHRYN S Pressly

CR2EC84 (8/02)