
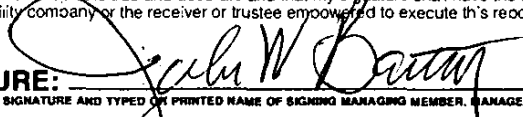


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | | | |
|---|---|--|--|--|---|--|--|
| DOCUMENT # L01000019433 1. Entity Name DONNA PROPERTIES, LLC | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 21 AM 10:53 | |
| Principal Place of Business 2575 EDISON AVE JACKSONVILLE, FL 32204 | | | Mailing Address 2575 EDISON AVE JACKSONVILLE, FL 32204 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 10192005 REIN-LLC CR2E101 (6/04) | | | |
| Zip | | Country | | 4. FEI Number 59-3755857 | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BENTLEY, DONNA S 2575 EDISON AVE JACKSONVILLE, FL 32204 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DONNA, BENTLEY S 2575 EDISON AVE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600060853066 10/21/05--01026--012 **50.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHN, BENTLEY W 2575 S. EDISON AVE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 2005 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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:  | | | | 10/20/05 (904) 388-8665 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | DATE | | | |