

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
DOCUMENT # L02000001473		2004 MAY 19 PM 2:14	
1. Limited Liability Company's Name Davenport, LLC		2004 MAY 19 PM 2:05 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal Office Address 2691 Holiday Woods Drive Suite, Apt. #, etc.		3. Mailing Office Address 524 Simpson Road Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34744-9390	Country USA	Zip 34744	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 01-16-2002	
6. FEI Number 01-0577181		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name James C. Hemphill			
Street Address (P.O. Box Number is Not Acceptable) 524 Simpson Road			
Suite, Apt. #, Etc.			
City Kissimmee			
State FL			
Zip Code 34744			
9. 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.			
Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN			
Date 4/28/04			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	James Peeples	2691 Holiday Woods Drive	Kissimmee, FL 34744
REINSTATEMENT 2003-04			
11. 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 [Signature]			
Date 4-30-04			
Daytime Phone # 863-422-1770			
Typed or printed name of signing Managing Member/Manager James Peeples			

CR2E041 (10/02)