

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000007496

FILED
Mar 16, 2010
Secretary of State

Entity Name: GREGORY COVE, L.L.C.

Current Principal Place of Business:

3545- 1 ST JOHNS BLUFF RD, STE 332
JACKSONVILLE, FL 32224

New Principal Place of Business:

3545 ST JOHNS BLUFF RD, STE 332
JACKSONVILLE, FL 32224

Current Mailing Address:

3545- 1 ST JOHNS BLUFF RD, STE 332
JACKSONVILLE, FL 32224

New Mailing Address:

3545 ST JOHNS BLUFF RD, STE 332
JACKSONVILLE, FL 32224

FEI Number: 04-3648535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROACH, CLAYTON G P
3241 CHESTNUT COURT
ST. JOHNS, FL 32257 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: CLAYTON G. ROACH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: ROACH, CLAYTON G
Address: 3241 CHESTNUT COURT
City-St-Zip: ST. JOHNS, FL 32257

Title: VP
Name: MONTGOMERY, CYNTHIA
Address: 50 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: TR
Name: DONACHIE, GARETH
Address: 7800 POINT MEADOWS DRIVE # 233
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: PELLOT, JIM
Address: 3883 NORTH BRAMPTON ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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: CYNTHIA MONTGOMERY

VP

03/16/2010

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