

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000010818

Entity Name: MICCO PARK, LLC

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

8600 US HIGHWAY 1
MICCO, FL 32976

New Principal Place of Business:

1477 BILTMORE DRIVE
ATLANTA, GA 30329

Current Mailing Address:

8600 US HIGHWAY 1
MICCO, FL 32976

New Mailing Address:

1477 BILTMORE DRIVE
ATLANTA, GA 30329

FEI Number: 81-0556415 FEI Number Applied For () FEI Number Not Applicable () 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:

BAKER, ANDY
8600 US HWY. 1
MICCO, FL 32976 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

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: MARY PARIS

08/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: GREENE, JACK
Address: 145 BELMONT TRACE
City-St-Zip: ATLANTA, GA 30328

Title: S () Delete
Name: GREENE, DAVID
Address: 1147 BILTMORE DR
City-St-Zip: ATLANTA, GA 30329

Title: MGRM () Delete
Name: GREENE, LALA
Address: 145 BELMONT TRACE
City-St-Zip: ATLANTA, GA 30329

Title: MGRM () Delete
Name: GREENE, KERRY
Address: 1147 BILTMORE DR
City-St-Zip: ATLANTA, GA 30329

Title: MGRM () Delete
Name: KARLIN, ANN GREENE
Address: 300 NORTHLAND RIDGE CT
City-St-Zip: ATLANTA, GA 30342

Title: MGRM () Delete
Name: KARLIN, MICHAEL
Address: 300 NORTHLAND RIDGE CT
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREENE, JACK
Address: 145 BELMONT TRACE
City-St-Zip: ATLANTA, GA 30328

Title: MGR (X) Change () Addition
Name: GREENE, DAVID
Address: 1147 BILTMORE DR
City-St-Zip: ATLANTA, GA 30329

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID GREENE

MGR

08/20/2007

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