



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 13 AM 10:34

<b>DOCUMENT # L02000011555</b> 1. Entity Name <b>SCAN-LAN PROPERTIES, LLC</b>					
Principal Place of Business <b>4366 LAKE WOODBURNE DRIVE JACKSONVILLE, FL 32217</b>			Mailing Address <b>4366 LAKE WOODBURNE DRIVE JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>			
City & State <i>Same</i>		City & State <i>Same</i>		01072006 REIN-LLC CR2E101 (11/05)	
Zip Country		Zip Country		4. FEI Number <b>55-0796481</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>NOEL, JILL BOWMAN 4366 LAKE WOODBURNE DRIVE JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Jill B Noel</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <i>1-10-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>NOEL, JILL BOWMAN 4366 LAKE WOODBURNE DRIVE JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			REINSTATEMENT <i>05-06</i>		
SIGNATURE: <i>Jill B Noel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <i>1-10-06</i> <small>Date</small>		