

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:12

DOCUMENT # L02000012887					
1. Entity Name ILS PARTNERS, LLC					
Principal Place of Business 95 BAYBRIDGE DR. GULF BREEZE, FL			Mailing Address 95 BAYBRIDGE DR. GULF BREEZE, FL		
2. Principal Place of Business 1101 Gulf Breeze Pkwy Suite, Apt. #, etc. #115 City & State Gulf Breeze Zip FL		3. Mailing Address same Suite, Apt. #, etc. City & State Zip 32561			
10122006 REIN-LLC		CR2E101 (11/05)		4. FEI Number 37-1428254	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BAKER, STEVEN J 69 BAY BRIDGE DR. GULF BREEZE, FL			7. Name and Address of New Registered Agent Name: Justin Conner Street Address (P.O. Box Number is Not Acceptable): 1101 Gulf Breeze Pkwy #115 City: Gulf Breeze FL Zip Code: 32561		
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: <u>Justin Conner</u> <u>10/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, 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	MGR CONNER, JUSTIN M 955 GONDOLIER GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080966111 10/18/06--01055--007 **50.00
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
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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.					
SIGNATURE:			10/12/06		850.916.9669
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>