

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Mar 18, 2005  
Secretary of State**

DOCUMENT# L02000014043

Entity Name: PALMETTO GUEST HOME MANAGEMENT, LLC

**Current Principal Place of Business:**

820 5TH STREET WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

820 5TH STREET WEST  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 14-1843888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BIGGINS, MICHAEL  
820 5TH STREET WEST  
PALMETTO, FL 34221    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: S/MICHAEL BIGGINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BIGGINS, MICHAEL  
Address: 820 5TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM (X) Delete  
Name: BIGGINS, JAMES J  
Address: 820 5TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM (X) Delete  
Name: BIGGINS, KRISTIN  
Address: 820 5TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM (X) Delete  
Name: BIGGINS, KIMBERLY  
Address: 820 5TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: S/MICHAEL BIGGINS

MGRM

03/18/2005

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