PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

							1		FILEL	)	
С	ED LIAE OMPAN STATEN	Y		cretary	MENT C of State RPORATIO	<b>;</b>	l		P 14 PI ARY OF		
1. Limited I	-	「# pany's Name tate Group, L.L.C	02000	001	5/3	8					
2. Principa		3. Mailing Office				<u> </u>					
PO Box 56675 P.O. B				ox 56675			4. State/Country of Formation				
Suite, Apt. #, etc. Suite, Apt. #,				etc.			Florida/ U.S.				
							5. Date Organized or Qualified To Do Business in Florida 6/18/2002				
City & State  Jacks	<b>C1</b>	City & State  Jacksony	wille El			6. FEI Number Applied For					
Zip	Uliville,	Country	Zip	/ille, r	Country						Not Applicable
32241	-6675	Duval	32241-66	75	Duval		7. CERTIFICATE	OF STATUS	DESIRED		tional Fee required tificate of Status
			8. Nan	ne and Ad	Idress of C	urrent Register	red Agent				
		Eric Huber dress (P.O. Box Number is No 17 LAUREL a. #, Etc.	ot Acceptable)	<i>S.</i>				State	Zip Code		
	Ja	cksonville						FL	32z	23	
9. I, being Signature o Registered	f	e registered agent of the above the second s	ve named limited li	^		amiliar with and	accept the obligat	ions of Cha Date _	pter 608, F.S	2/8:	2
<b>10.</b> Name	es and Street	Addresses of Managing Men	nbers/Managers								
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City / State / Zip			
mgrn	ERICP. Hober			P.O. Box 56679			JACKSO			ILLE, 1	FL
								JACKSONVILLE, FL 32241-6675			
A						-	51 09/14	000 1/05-	5962 01037	2092 004 *	25 *250.00
filing the all fees as if m	his reinstaten s owed by the nade under o	nanaging member/manager of the transport of transport of the transport of transport	dissolution has be	en elimina formation	ted, the limi indicated or	ited liability comp this application	pany name satisfie is true and accura	s the requi	rements of sec signature sha	ction 608.406 Ill have the s	S, F.S., and that