

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000017578

FILED
Apr 15, 2007
Secretary of State

Entity Name: PILOT MOUNTAIN ASSOCIATES, LLC

Current Principal Place of Business:

3999 CHICORA WOOD PLACE
JACKSONVILLE, FL 32224

New Principal Place of Business:

14875 PLUMOSA DRIVE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3999 CHICORA WOOD PLACE
JACKSONVILLE, FL 32224

New Mailing Address:

14875 PLUMOSA DRIVE
JACKSONVILLE BEACH, FL 32250

FEI Number: 14-1881313 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

TURNER, SUSAN B
3999 CHICORA WOOD PLACE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

TURNER, THOMAS C
14875 PLUMOSA DRIVE
JACKSONVILLE BEACH, FL 32224 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: THOMAS C. TURNER

04/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROOKWOOD PROPERTIES, , INC.
Address: 3999 CHICORA WOOD PL
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROOKWOOD PROPERTIES, , INC.
Address: 14875 PLUMOSA DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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: BRETT S. TURNER

MM

04/15/2007

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