
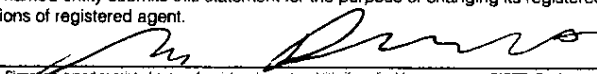


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000022780 1. Entity Name DRAKESBILL INVESTMENTS NO. 4, LLC						FILED 2007 OCT 17 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 54 HERNANDEZ PALM COAST, FL 32137				Mailing Address 54 HERNANDEZ PALM COAST, FL 32137			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 587 NORTH ST. MARY'S LANE				10112007 REIN-LLC CR2E101 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State MARIETTA, GA					
Zip		Country		Zip 30064		Country USA	
4. FEI Number 75-3082390				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PITCHER, MARY C 54 HERNANDEZ PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name MARY PITCHER Street Address (P.O. Box Number is Not Acceptable) 587 N. ST. MARY'S LANE City MARIETTA GA Zip Code 30064			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10/11/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGR NAME MPRH MANAGEMENT GROUP, LLC, MARY PITCHER MG STREET ADDRESS 54 HERNANDEZ CITY-ST-ZIP PALM COAST, FL 32137				TITLE MGR NAME DRAKESBILL MANAGEMENT GROUP, LLC STREET ADDRESS 587 N. ST MARY'S LANE CITY-ST-ZIP MARIETTA, GA 30064			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 10/11/07 (770) 427 0285 <small>Date Daytime Phone #</small>			