

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000023339

**FILED**  
**May 05, 2009**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA PROPERTY PARTNERS, LLC

**Current Principal Place of Business:**

6548 WEEPING WILLOW WAY  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

6548 WEEPING WILLOW WAY  
TALLAHASSEE, FL 32311 US

**New Mailing Address:**

**FEI Number:** 52-2382202      **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:**

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

MORTHAM, ALLEN JR.  
6548 WEEPING WILLOW WAY  
TALLAHASSEE, FL 32311 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: ALLEN MORTHAM, JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MORTHAM, ALLEN JR.  
**Address:** 1916 EAST WINDWOOD WAY  
**City-St-Zip:** TALLAHASSEE, FL 32311 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MORTHAM, ALLEN JR.  
**Address:** 6548 WEEPING WILLOW WAY  
**City-St-Zip:** TALLAHASSEE, FL 32311 US

I hereby certify that the information supplied with this filing does not qualify 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: ALLEN MORTHAM, JR.

MGRM

05/05/2009

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