

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:08

DOCUMENT # L02000026185 1. Entity Name BAY TREE OF VOLUSIA COUNTY, LLC					
Principal Place of Business 4968 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127			Mailing Address 4968 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127		
2. Principal Place of Business 4867 SAILFISH DR Suite, Apt. #, etc.		3. Mailing Address 4867 SAILFISH DR Suite, Apt. #, etc.			
City & State PONCE INLET FL Zip 32127		City & State PONCE INLET, FL Zip 32127		03022005 REIN-LLC CR2E101 (6/04)	
4. FEI Number 11-3659546		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 HURD, ROBYN G 4968 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127	
7. Name and Address of New Registered Agent Name ROBERT L. LAVELLE Street Address (P.O. Box Number is Not Acceptable) 4867 SAILFISH DRIVE City PONCE INLET FL Zip Code 32127				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 Robert L. Lavelle DATE 3/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURD, ROBYN G 4968 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVELLE, ROBERT L 4867 SAILFISH DRIVE PONCE INLET, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Robert L. Lavelle <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 3/17/05 Daytime Phone # 386-7631906	