



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 JUN 20 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034059 1. Entity Name VILLA VIZCAYA, L.L.C.					
Principal Place of Business 5611 GRANDE LAGOON CT. PENSACOLA, FL 32507			Mailing Address 5611 GRANDE LAGOON CT. PENSACOLA, FL 32507		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		08152005 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PALMER, RAYMOND B 913 GULF BREEZE PARKWAY, SUITE 41 GULF BREEZE, FL 32503			7. Name and Address of New Registered Agent Name DOYLE L. TRAXLER Street Address (P.O. Box Number is Not Acceptable) 5611 GRANDE LAGOON CT. City PENSACOLA FL Zip Code 32507		
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 <i>Julie D. Traxler</i> 6/15/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$250.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAXLER, JULIE D 5611 GRANDE LAGOON CT. PENSACOLA, FL 32507		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIE D. TRAXLER 5611 GRANDE LAGOON CT. PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doyle L. Traxler -MGRM 5611 Grande Lagoon Ct. Pensacola, FL 32507		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600056392776 06/21/05--01036--021 **250.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 03-05		TITLE NAME STREET ADDRESS CITY-ST-ZIP	03-05	
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: <i>Julie D. Traxler</i> 6/15/05 850-934-0123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					