2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000035221 2004 DEC 20 AM 8: 05 1. Entity Name CHARLES GREENS TREE FARM LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7501 CAROL STREET P.O. BOX 1212 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12132004 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number Applied For 41-2077187 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGUM, E. WAYNE Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1212 LOXAHATCHEE, FL 33470 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2005, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEGUM, E. WAYNE NAME NAME STREET ADDRESS P.O. BOX 1212 STREET ADDRESS LOXAHATCHEE, FL 33470 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME 400043534354 12/20/04--01064--012 **15 STREET ADDRESS STREET ADDRESS **155.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change NAME STREET ADDRESS STREET ADDRESS KATERENT CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADING CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in stee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED