


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 2004 NOV 23 PM 3:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L03000001511

**1. Limited Liability Company's Name**

Raintree Properties, LLC

<b>2. Principal Office Address</b> 4427 Royal Tern Ct.		<b>3. Mailing Office Address</b> 4427 Royal Tern Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32250	Country USA	Zip 32250	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 01/14/03	
<b>6. FEI Number</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name Glazier & Glazier, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 8825 Perimeter Park Blvd.	
Suite, Apt. #, Etc. Suite 504	
City Jacksonville	State FL
Zip Code 32216	

980042955243  
11/23/04--01028--004 \*\* 50.00 (\$150.00)

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**GLAZIER & GLAZIER, P.A.; By: Scott L. Glazier, Vice President**

Signature of Registered Agent: *Scott L. Glazier* Date: 10/18/04

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael R. Seethaler	4427 Royal Tern Ct.	Jacksonville, FL 32250

REINSTATEMENT 04 SA

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of Managing Member/Manager: *Michael R. Seethaler* Date: 11-14-04 Daytime Phone #: 904-396-1653 x 102

Typed or printed name of signing Managing Member/Manager: Michael R. Seethaler

CR2E041 (10/02)