

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# L03000012352

Entity Name: THE ESTUARY, LLC

Current Principal Place of Business:

110 MARKET STREET
SUITE 202
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 190
SEAGROVE BEACH, FL 32459

New Mailing Address:

5399 EAST COUNTY HWY 30-A
#190
SEAGROVE BEACH, FL 32459

FEI Number: 33-1061910 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WATSON, FRANKLIN H PA
5399 E. COUNTY HWY. 30-A, STE. 105
SEAGROVE, FL 32459 US

Name and Address of New Registered Agent:

FRANKLIN H WATSON, P.A.
5365 E. COUNTY HWY. 30-A
STE 105
SEAGROVE, FL 32459 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: FRANKLIN H WATSON, P.A.

03/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARTON, PETER J
Address: 5399 E. COUNTY HWY. 30-A, STE. 105
City-St-Zip: SEAGROVE, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARTON, PETER J
Address: 5399 E. COUNTY HWY. 30-A, STE. 190
City-St-Zip: SEAGROVE, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER J BARTON

MGRM

03/05/2007

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