


2005 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 9:47

DOCUMENT # L03000016427		
1. Entity Name F.L. HEFF, L.L.C.		

Principal Place of Business 985 N. COLLIER BLVD. MARCO ISLAND, FL 34145	Mailing Address 985 N. COLLIER BLVD. MARCO ISLAND, FL 34145
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2. Principal Place of Business 1021 SWALLOW AVE. Suite, Apt. #, etc. UNIT 102 City & State MARCO Island FL Zip 34145 Country USA	3. Mailing Address 1021 SWALLOW AVE. Suite, Apt. #, etc. UNIT 102 City & State MARCO Island FL Zip 34145 Country USA
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02242005 REIN-LLC	CR2E101 (6/04)
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

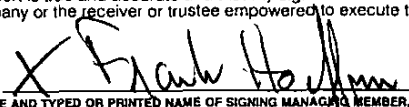
6. Name and Address of Current Registered Agent WEBSTER, RONALD S 985 N. COLLIER BLVD. MARCO ISLAND, FL 34145
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACKERSON, SUSAN 719 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNN Hoeffner 1021 SWALLOW AVE. #102 MARCO Island, FL 34145 <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	MGR FRANK Hoeffner 1021 SWALLOW AVE. #102 MARCO Island, FL 34145 <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	900050598799 04/13/05--01005--003 **100.00 <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
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

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: 	3-31-05 393-4912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #