## 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016759

Entity Name: BAKER QUAIL PLANTATION, L.L.C.

FILED Sep 28, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

122 S. DILLINGHAM AVENUE 818 W. MABBETTE STREET KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

122 S. DILLINGHAM AVENUE 818 W. MABBETTE STREET KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

FEI Number: 45-0516523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITSTON, C. ALLEN 122 S. DILLINGHAM AVENUE KISSIMMEE, FL 34741 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: ALLEN WHITSTON

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:** 

Title: MGRM

Name: WHITSTON, C. ALLEN
Address: !22 S. DILLINGHAM AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR

Name: STARLING, DEWAYNE Y

Address: 2855 E. IRLO BRONSON MEM HWY

City-St-Zip: KISSIMMEE, FL 34744

Title: MGR

Name: MEDLIN, WALTER
Address: P. O. BOX 420521
City-St-Zip: KISSIMMEE, FL 34742

Title: MGR

 Name:
 CHISHOLM, CHARLES B

 Address:
 4825 CHISHOLM ROAD

 City-St-Zip:
 ST. CLOUD, FL 34771

Title: MGR

Name: ECHOLS, MILES B

Address: 1001 PLANTATION DRIVE, CONDO E-6

City-St-Zip: KISSIMMEE, FL 34741

Title: MGR

Name: P AND S PROPERTIES, LLC Address: 202 BROADWAQY AVENUE City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 Statues.

SIGNATURE: ALLEN WHITSTON MGRM 09/28/2011

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