

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 JAN -3 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000022789 1. Entity Name SUNLAND PROPERTIES, LLC					
Principal Place of Business 71 SUNSET KEY DRIVE KEY WEST, FL 33040 US			Mailing Address 633 FISHING CREEK VALLEY ROAD HARRISBURG, PA 17112 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3300 N. Third St Suite, Apt. #, etc.			
City & State Zip		City & State Harrisburg PA Zip 17110		Country USA	
4. FEI Number 20-0072692				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 BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303			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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 12-29-04	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASCOTTI, ANTHONY 633 FISHING CREEK VALLEY ROAD HARRISBURG, PA 17112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Richard T. Reynolds 3300 N. Third St. Harrisburg, PA 17110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043729572 12/30/04--01018--005 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042560790 11/08/04--01054--020 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

REINSTATEMENT 04-05

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:  **10-29-04 1170385737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #