
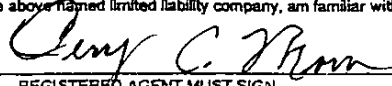
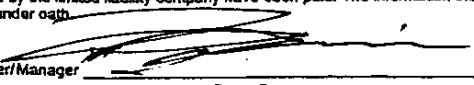


# L03000026095

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000026095			
1. Limited Liability Company's Name LIBERTY DEVELOPMENT 1, LLC			
2. Principal Office Address - No P.O. Box # 5472 First Coast Highway		3. Mailing Office Address 5472 First Coast Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Amelia Island, Florida		City & State Amelia Island, Florida	
Zip 32034	Country USA	Zip 32034	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida July 16, 2003			
6. FEI Number 43-2022436			Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent			
Name Terry A. Moore, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, BK			
Suite, Apt. #, Etc. Suite 2500			
City Jacksonville		State FL	Zip Code 32202
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.			
Signature of Registered Agent 		Date March 30, 2007	
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
MGRM	Liberty Development Florida, LLC	5472 First Coast Hwy.	Amelia Island, FL 32034
			700096494797 04/11/07--01033--007 **250.00
			700096494797 04/11/07--01033--008 **5.00
REINSTATEMENT 2005-2007			
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 		Date 3/30/07	
Typed or printed name of signing Managing Member/Manager Ken B. Lanier		Daytime Phone # (904)261-3600	