

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026205

FILED
Apr 24, 2006
Secretary of State

Entity Name: CONTINENTAL COMMUNICATIONS, LLC

Current Principal Place of Business:

494 FT. PICKENS RD.
PENSACOLA BEACH, FL 32561 US

New Principal Place of Business:

1198 GULF BREEZE PKWY
SUITE 8
GULF BREEZE, FL 32561 US

Current Mailing Address:

494 FT. PICKENS RD.
PENSACOLA BEACH, FL 32561 US

New Mailing Address:

1198 GULF BREEZE PKWY
SUITE 8
GULF BREEZE, FL 32561 US

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

ENGLISH, KEITH M
494 FT. PICKENS RD.
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

ENGLISH, KEITH M
1198 GULF BREEZE PKWY
SUITE 8
GULF BREEZE, FL 32561 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: KEITH ENGLISH

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ENGLISH, KEITH M
Address: 494 FT. PICKENS RD.
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENGLISH, KEITH M
Address: 1198 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

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: KEITH ENGLISH

MGRM

04/24/2006

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