2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000028808

Entity Name: TRILOGY PARTNERS, L.L.C.

Oct 25, 2004 Secretary of State

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

5685 ENGLISH TURN DRIVE PACE, FL 32571

Current Mailing Address: New Mailing Address:

P.O. BOX 9565 PENSACOLA, FL 32513

FEI Number: 56-2407104 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

FOUNTAIN, KENNETH R STRICKLER, JOHN D 8438 GULF BLVD., SUITE A PO BOX 9565

NAVARRE BEACH, FL 32566 US PENACOLA, FL, FL 32513-956 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: JOHN STRICKLER 10/25/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM () Delete Title: () Change () Addition

STRICKLER, JOHN D Name: Name: Address: 5685 ENGLISH TURN DRIVE Address: City-St-Zip: PACE, FL 32571 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: DULION, LEON V III Name: Address: 3976 SUNNY MANOR CIRCLE Address: City-St-Zip: MILTON, FL 32583 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN D. STRICKLER **MGRM** 10/25/2004