## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000032011

4570 ISABELLA INGRAM DR.

PENSACOLA, FL 32504

Address: City-St-Zip:

Entity Name: SPANISH TRAIL, LLC

FILED Oct 25, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4570 ISABELLA INGRAM DR. PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** 4570 ISABELLA INGRAM DR. PENSACOLA, FL 32504 FEI Number: 32-1428935 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: SPARR, ALEX R HUGHES, MICHAEL D 4709 BRIAROAK DR 4570 ISABELLA INGRAM DRIVE PACE, FL 32571 PENSACOLA, FL 32504 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: MICHAEL D. HUGHES 10/25/2004 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition ( ) Delete Name: SPARR, ALEX R Name: 4570 ISABELLA INGRAM DR. Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HUGHES, MICHAEL D Name: Address: 4570 ISABELLA INGRAM DR. Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LOVOY, STEVE Name: Name: Address: 4570 ISABELLA INGRAM DR. Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: NEWCOMB, THOM W Name: Address: 4570 ISABELLA INGRAM DR. Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: Title: MGR () Delete () Change () Addition MCLEOD, LIONEL P Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL D. HUGHES MGR 10/25/2004