

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Aug 30, 2006  
Secretary of State**

DOCUMENT# L03000032849

Entity Name: WALBAR II, LLC

**Current Principal Place of Business:**

5413 SKYLINE BLVD.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5413 SKYLINE BLVD.  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-0461120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WOOD, DOUGLAS A  
1000 TAMiami TRAIL NORTH, SUITE 201  
SIESKY, PILON & WOOD  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: DOUGLAS A. WOOD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEET, WALLACE H  
Address: 5413 SKYLINE BLVD.  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALLACE H. PEET

MGRM

08/30/2006

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