

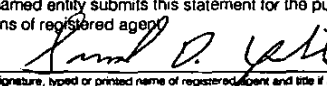
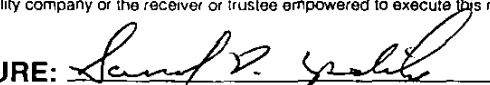


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 PM 12:18

<b>DOCUMENT # L03000039537</b> 1. Entity Name <b>UKE, LLC</b>					
Principal Place of Business <b>4609 PARKBREEZE COURT ORLANDO, FL 32808</b>			Mailing Address <b>P.O. BOX 540117 ORLANDO, FL 32854-0117</b>		
2. Principal Place of Business <b>68 Mammoth Grove Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 231</b> Suite, Apt. #, etc.			
City & State <b>Lake Wales, FL</b>		City & State <b>Lake Wales, FL</b>			
Zip <b>33898-7330</b>	Country <b>Polk</b>	Zip <b>33859-0231</b>	Country <b>Polk</b>		
4. FEI Number <b>56-2405000</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02182005 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent  <b>UPDIKE, SAMUEL D 4609 PARKBREEZE COURT ORLANDO, FL 32808</b>			7. Name and Address of New Registered Agent Name <b>Samuel D. Updike</b> Street Address (P.O. Box Number is Not Acceptable)  <b>68 Mammoth Grove Road</b> City <b>Lake Wales</b> <b>FL</b> Zip Code <b>33898-7330</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <b>2/18/05</b>		
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b>	NAME <b>UPDIKE, SAMUEL D</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>68 Mammoth Grove Road</b>	
STREET ADDRESS <b>4609 PARKBREEZE COURT</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		STREET ADDRESS <b>Lake Wales, FL 33898-7330</b>		
CITY-ST-ZIP <b>ORLANDO, FL 32808</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
TITLE <b>MGR</b>	NAME <b>UPDIKE, SAMUEL D</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
STREET ADDRESS <b>4609 PARKBREEZE COURT</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
CITY-ST-ZIP <b>ORLANDO, FL 32808</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
TITLE <b>MGR</b>	NAME <b>UPDIKE, SAMUEL D</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
STREET ADDRESS <b>4609 PARKBREEZE COURT</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
CITY-ST-ZIP <b>ORLANDO, FL 32808</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
TITLE <b>MGR</b>	NAME <b>UPDIKE, SAMUEL D</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
STREET ADDRESS <b>4609 PARKBREEZE COURT</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
CITY-ST-ZIP <b>ORLANDO, FL 32808</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		CITY-ST-ZIP <b>Lake Wales, FL 33898-7330</b>		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			DATE <b>2/18/05</b>		863-696-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #