


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | |
|---|--|---|
| DOCUMENT # L03000040310 | |  |
| 1. Entity Name 307 SOUTH ORANGE, LLC | | |

FILED

2005 MAY 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 307 S. ORANGE AVE. SARASOTA, FL 34236 | Mailing Address 307 S. ORANGE AVE. SARASOTA, FL 34236 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

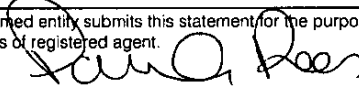
04292005 REIN-LLC CR2E101 (6/04)

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| 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| GREGORIA, RIC 200 S. ORANGE AVE. SARASOTA, FL 34236 | |

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|--|-------------------|
| 7. Name and Address of New Registered Agent | |
| Name Paula Rees | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 100 S. Washington Blvd | |
| City Sarasota | FL Zip Code 34236 |

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| 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 4/29/05 |
| (NOTE: Registered Agent signature required when reinstating) | |

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|-----------------------------|--|
| FILE NOW!!! FEE IS \$200.00 | Make check payable to Florida Department of State |
|-----------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Michael Saunders & Company 100 S. Washington Blvd Sarasota, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/04/04--90272--019--\$50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800055720218 06/03/05--01057--010 **\$50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 4/29/05 941-953-7900 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |