

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 9:40



DOCUMENT # L03000041156 1. Entity Name MURRAY PROPERTIES, LLC					
Principal Place of Business 2997 APALACHEE PARKWAY #221 TALLAHASSEE, FL 32301 US		Mailing Address 1400 VILLAGE SQUARE BLVD #3-193 TALLAHASSEE, FL 32312 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0996647	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied Not App	
6. Name and Address of Current Registered Agent MURRAY, JOHN R 1400 VILLAGE SQUARE BLVD #3-193 TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <i>John R. Murray</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, JOHN R 2997 APALACHEE PARKWAY TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800062513858 12/30/05--01054--016 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, PAULA 37 MARSEILLES LAGUNA NIGEL, CA 92677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, PAULA 37 MARSEILLES LAGUNA NIGEL, CA 92677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>	
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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: <i>Signature above, sign in wrong place</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	