

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000041800

FILED
Jun 06, 2007
Secretary of State

Entity Name: DREAM FIELDS OF THE SOUTH, LLC

Current Principal Place of Business:

1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-0396978 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:

DAVIS, KEVIN M
1909 CAPITAL CIR NE
TALLAHASSEE, FL 32308 US

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: KEVIN M DAVIS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, KEVIN M
Address: 1909 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: LEWIS, HALLEY B
Address: 3375 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: GREEN, JACK M II
Address: P.O. BOX 14435
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN M DAVIS

MGR

06/06/2007

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