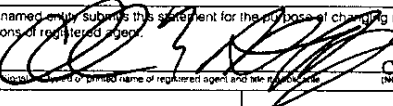


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

2006 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L03000043882			
1. Entity Name EC DOONER, LLC		Principal Place of Business 5386 SYCAMORE DRIVE NAPLES, FL 34119	
2. Principal Place of Business 1010 Fifth Ave. South # 300 City & State Naples, Florida Zip 34102		3. Mailing Address P. O. Box 7369 Suite, Apt. #, etc. City & State Naples, Florida Zip 34101 Country Collier	
4. FEI Number 65-6268869		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. 2390 TAMiami TRAIL NORTH SUITE 204 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Charles M. Kelly, Jr. 1-27/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, NANCY L D 350 SAN FERNANDO BLVD -#302 BURBANK, CA 91502- ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5225 Goodland Avenue Valley Village, CA 91607 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOONER, EUGENE C 5386 SYCAMORE DRIVE NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081402040 10/31/06--01084--002 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Eugene C. Dooner, MGR 10/27/06 239-354-1254 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

REINSTATEMENT 2006