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	Mailing Address
~~5386 SYCAMORE DRIVE~~ ~~NAPLES, FL 34119~~	~~5386 SYCAMORE DRIVE~~ ~~NAPLES, FL 34119~~

10242006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
1010 Fifth Ave.South	P. O. Box 7369
Suite, Apt. #, etc.: # 300	Suite, Apt. #, etc.:
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34102 / Country: Collier	Zip: 34101 / Country: Collier

4. FEI Number: 65-6268869 — Applied For / Not Applicable

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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LEE, NANCY L D	NAME	
STREET ADDRESS	~~950 SAN FERNANDO BLVD, #302~~	STREET ADDRESS	5225 Goodland Avenue
CITY-ST-ZIP	~~BURBANK, CA 91502~~	CITY-ST-ZIP	Valley Village, CA 91607
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOONER, EUGENE C	NAME	000081402040
STREET ADDRESS	5386 SYCAMORE DRIVE	STREET ADDRESS	10/31/06--01094--002 **150.00
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 2006

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 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 #