


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
05 APR 14 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000052022	
1. Entity Name CRF - COACH I, LLC	

Principal Place of Business 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	Mailing Address 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801
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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

04132005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-0602915	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MCFARLANE, PETER A C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVENUE, SUITE 715 LAKELAND, FL 33801
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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 <u>Peter A. McFarlane</u>	DATE <u>4/13/05</u>

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRF MANAGEMENT CO., INC. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800051348638 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/20/05--01007--005 **205.00
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
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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

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: <u>Kim S. Kelley</u>	DATE: <u>4/13/05</u>	DAYTIME PHONE: <u>863-647-1581</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		