2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008409

Entity Name: RELAY RIDGE, LLC

Address:

City-St-Zip:

P.O. BOX 1861

FLAGLER BEACH, FL 32136 US

FILED Oct 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 34 AUDUBON DRIVE FLAGLER BEACH, FL 32136 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1861 FLAGLER BEACH, FL 32136 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKINS, DONALD E 501 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114 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: DONALD HAWKINS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PHILLIPS, JAMES E Name: Name: Address: 20 TOMOKA VIEW Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WHITE, JAMES & SARAH Name: Address: P.O. BOX 1861 Address: City-St-Zip: FLAGLER BEACH, FL 32136 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WHITE, JOHN C Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: JAMES PHILLUPS MR 10/18/2005