

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:44

<b>DOCUMENT # L04000016515</b> 1. Entity Name 13791 JETPORT COMMERCE PARKWAY, LLC					
Principal Place of Business 11751-2 METRO PARKWAY FORT MYERS, FL 33912			Mailing Address 11751-2 METRO PARKWAY FORT MYERS, FL 33912		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number 02152006    REIN-LLC    CR2E101 (11/05)			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  BURKS, ROGER 11751-2 METRO PARKWAY FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, ROGER 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, MARY 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, MARY 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, MARY 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, MARY 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, MARY 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, MARY 11751-2 METRO PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> member      Date: <i>2/24/06</i>		