


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 PM 2:07

DOCUMENT # L04000021782 1. Entity Name CRAZY HILLS OF ALABAMA, LLC					
Principal Place of Business 125 W. ROMANA STREET STE 800 PENSACOLA, FL 32502			Mailing Address 125 W. ROMANA STREET STE 800 PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0927495	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, DOUGLAS F 125 W. ROMANA STREET STE 800 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, DOUGLAS F MGR 125 WEST ROMANA PENSACOLA, FL 32502	<input type="checkbox"/> Delete			
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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.			12. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: _____			Date _____		