


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022118		
1. Entity Name CHRISTINE COVE GP, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 4:58

Principal Place of Business 2933 MYRTLE AVENUE NORTH JACKSONVILLE, FL 32209	Mailing Address 2933 MYRTLE AVENUE NORTH JACKSONVILLE, FL 32209
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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

11012005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURLEY, CHARLES R JR 1301 RIVERPLACE BOULEVARD, STE. 1500 JACKSONVILLE, FL 32207		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 Curley
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, 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	<u>MEM.</u> <u>Tony D. Nelson</u> <u>2933 N. Myrtle Ave</u> <u>SAF FL 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200061072942</u> <u>11/01/05--01050--001 **100.00</u>
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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REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Tony D. Nelson 11/7/05 234-0329