

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 28, 2005  
Secretary of State

DOCUMENT# L04000026281

Entity Name: BLUE MOUNTAIN PRESERVE, L.L.C.

**Current Principal Place of Business:**

56 SPIRES LANE, SUITE 12A  
SANTA ROASA BEACH, FL 32459

**New Principal Place of Business:**

1732 W. COUNTY HWY 30-A  
106  
SANTA ROASA BEACH, FL 32459

**Current Mailing Address:**

56 SPIRES LANE, SUITE 12A  
SANTA ROASA BEACH, FL 32459

**New Mailing Address:**

1732 W. COUNTY HWY 30-A  
106  
SANTA ROASA BEACH, FL 32459

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FOSTER, WILLIAM S  
909 MAR WALT DRIVE, SUITE 1014  
FT. WALTON BEACH, FL 32547    US

**Name and Address of New Registered Agent:**

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: WILLIAM S. FOSTER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: CRUM, G. BARTON  
Address: 5442 WOODSIDE CIRCLE  
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM    ( ) Delete  
Name: PARNELL, CHARLES N III  
Address: 2130 ROSEMONT DRIVE  
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM    ( ) Delete  
Name: PARNELL, CATHERIN N  
Address: 2130 ROSEMONT DRIVE  
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM    ( ) Delete  
Name: PARNELL, JUSTIN M  
Address: 3244 SOUTHWIView AVENUE  
City-St-Zip: MONTGOMERY, AL 36106

Title: MGRM    ( ) Delete  
Name: FLETCHER, CHARLES T JR  
Address: 5564 WOODSIDE CIRCLE  
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM    ( ) Delete  
Name: E&S INVESTMENTS, L.L. .C.  
Address: 57 HIGHWAY 87  
City-St-Zip: CALERA, AL 35040

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: BARTON G. CRUM

MGRM

10/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date