

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000037086	
1. Entity Name THE OUTPOST REAL ESTATE & INVESTMENTS, LLC	



FILED

05 DEC 20 PH 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4576 HWY 3280 FREEPORT, FL 32434	Mailing Address 4576 HWY 3280 FREEPORT, FL 32434
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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

12202005 REIN-LLC CR2E101 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, ANNE 114 APALACHEE ST CARABELLE, FL 32322		7. Name and Address of New Registered Agent Name <u>Paula Mansell</u> Street Address (P.O. Box Number is Not Acceptable) <u>4576 Hwy 3280</u> City <u>Freeport</u> FL Zip Code <u>32434</u>	
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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 <u>Paula Mansell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>12/20/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, LEON 4576 HWY 3280 FREEPORT, FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700062449287 12/28/05--01058--022 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIR, JIMMIE 4576 HWY 3280 FREEPORT, FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, ANNE 114 APALACHEE ST CARRABELLE, FL 32322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Paula Mansell 4576 Hwy 3280 Freeport, FL 32434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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: <u>Paula Mansell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>12/20/05</u> <small>Date Daytime Phone #</small>