


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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|--|--|---|
| DOCUMENT # L04000042550 | |  |
| 1. Entity Name VOLUSIA INVESTMENTS, L.L.C. | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -1 AM 9:39

| | |
|--|--|
| Principal Place of Business 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 | Mailing Address 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 |
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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 |

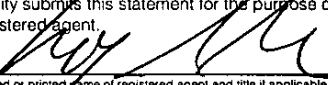


08012006 REIN-LLC CR2E101 (11/05)

| | | |
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| 4. FEI Number 20-5296105 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GOVE, WAYNE S 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 | | Name Wayne S. Gove Revocable Trust | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 2970 S. Atlantic Ave | |
| | | City Daytona Beach Shores FL Zip Code 32118 | |

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.

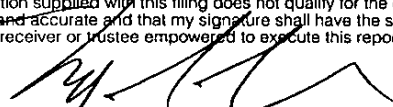
SIGNATURE  DATE **August 1, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$200.00 | Make check payable to Florida Department of State |
|-----------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOVE, WAYNE S 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Wayne S. Gove Revocable Trust 2970 S. Atlantic Ave Daytona Beach Shores, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MERRILL, SAM 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Samuel J. Merrill, Jr 2970 S. Atlantic Ave Daytona Beach Shores, FL 32118 <input checked="" 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 | 200078470472 08/08/06--01032--016 **205.00 <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 | REINSTATEMENT 05-06 <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 |
| 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 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:  8/1/06 380-322-3929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #