

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000044472

FILED
Sep 21, 2006
Secretary of State

Entity Name: FLORAL PROPERTY III, LLC

Current Principal Place of Business:

913 GULF BREEZE PKY, #41
GULF BREEZE, FL 32561

New Principal Place of Business:

738 E. BURGESS RD.
PENSACOLA, FL 32504

Current Mailing Address:

913 GULF BREEZE PKY, #41
GULF BREEZE, FL 32561

New Mailing Address:

738 E. BURGESS RD.
PENSACOLA, FL 32504

FEI Number: 20-1232010 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PALMER, RAYMOND B P.A.
913 GULF BREEZE PKY, #41
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

PEARSON, CLYDE HENRY
738 E. BURGESS RD.
PENSACOLA, FL 32504 US

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: CLYDE HENRY PEARSON

09/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLOWS, DARLA R
Address: 913 GULF BREEZE PKY, #41
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEARSON, CLYDE HENRY
Address: 738 E. BURGESS RD.
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CLYDE HENRY PEARSON

MGRM

09/21/2006

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