

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000054602

FILED
Sep 29, 2006
Secretary of State

Entity Name: COTTAGE HILL PROPERTIES, L.L.C.

Current Principal Place of Business:

1 EAST COLONIAL DRIVE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

1 E COLONIAL DRIVE
ORLANDO, FL 32859 US

New Mailing Address:

1 E COLONIAL DRIVE
ORLANDO, FL 32801 US

FEI Number: 20-1400902 **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:

RYLANDS, BARBARA H
1 E COLONIAL DR
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

RYLANDS, BARBARA H
1 E COLONIAL DR
ORLANDO, FL 32801 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: BARBARA H RYLANDS

09/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RYLANDS, BARBARA H
Address: 1622 ORANGEWOOD AVENUE
City-St-Zip: ORLANDO, FL 32806 US

Title: MGR () Delete
Name: MILLETT, FRANCIS N III
Address: 1002 SHADY OAK TRAIL
City-St-Zip: MANSFIELD, TX 76063 US

ADDITIONS/CHANGES:

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 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: BARBARA H RYLANDS

MNGR

09/29/2006

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