## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000056303

Entity Name: SEASHORE PARTNERS, LLC

FILED Nov 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15255 POOLE STREET, STE. A 15255 POOLE STREET GULFPORT, MS 39503 GULFPORT, MS 39503

Current Mailing Address: New Mailing Address:

15255 POOLE STREET, STE. A GULFPORT, MS 39503

FEI Number: 06-1730532 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: Name and Address of New Registered Agent:

DROWN, STEVEN P
179 PELICAN CIRCLE
PANAMA CITY BEACH, FL 32459 US
DROWN, STEVEN P
179 PELICAN CIRCLE, UNIT B
STEVEN P. DROWN

PANAMA CITT BEACH, PL 32459 US STEVEN P. DROWN
PANAMA CITY BEACH, FL 32459 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: STEVEN P DROWN 11/23/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:DROWN, STEVEN PName:DROWN, STEVEN PAddress:179 PELICAN CIRCLEAddress:179 PELICAN CIRCLE, UNIT B

City-St-Zip: PANAMA CITY BEACH, FL 32459 City-St-Zip: PANAMA CITY BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN P. DROWN MGRM 11/23/2009