


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 27 AM 9:44

<b>DOCUMENT # L04000068488</b>				SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC 27 AM 9:44	
1. Entity Name <b>OLE BROOK PROPERTIES, LLC</b>					
Principal Place of Business <b>1117 KRANER LANE BROOKHAVEN, MS 39601</b>		Mailing Address <b>P.O. BOX 701 BROOKHAVEN, MS 39602</b>			
2. Principal Place of Business <b>713 Natchez Drive, NE</b>		3. Mailing Address <b>Suite, Apt. #, etc.</b>		1012005 REIN-LLC CR2E101 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Brookhaven, MS 39601</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>39601</b>	Country <b>USA</b>	Zip	Country		
6. Name and Address of Current Registered Agent <b>LANGILLE, CHRISTOPHER 480 SUGAR DR. SANTA ROSA BEACH, FL 32459</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <i>Christopher Langille</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>12/22/05</i>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, ROBERT M 1117 KRANER LANE BROOKHAVEN, MS 39601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	713 Natchez Drive, NE Brookhaven, MS 39601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, W. MARK 333 NOBLE DR. BROOKHAVEN, MS 39601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900064016669 01/19/06--01008--025 **150.00 <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	<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 2005 <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 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: <i>W. Mark Lewis</i> W. Mark Lewis Manager Nov. 21, 2005 601-754-6791 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					