


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 9:53

<b>DOCUMENT # L04000070791</b>					
1. Entity Name SPRING GARDEN COURT, LLC					
Principal Place of Business 1601 SPRING GARDEN COURT HOLLY HILL, FL 32117			Mailing Address 1601 SPRING GARDEN COURT HOLLY HILL, FL 32117		
2. Principal Place of Business		3. Mailing Address P.O. Box 244			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Daytona Beach, FL		4. FEI Number 11-3731685	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32115		Country Volusia		11102005 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BABAZADEH, BEN 120 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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>BB Babazadeh</i> (NOTE: Registered Agent signature required when reinstating) DATE: 11-14-05					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Benjamin Babazadeh-Khorassani 120 S. Palmetto Ave. Daytona Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200061443352 11/15/05--01060--017 **150.00	
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	
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	
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>BB Babazadeh</i> Benjamin Babazadeh-Khorassani			Manager Date: 11-14-05 Daytime Phone #: 386-212-8175		