


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000073580	
1. Entity Name GC III ENTERTAINMENT L.L.C.	

FILED

06 OCT 10 AM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1833 HALSTEAD BLVD. #807 TALLAHASSEE, FL 32309	Mailing Address 1833 HALSTEAD BLVD. #807 TALLAHASSEE, FL 32309
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number 32-1001001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CLINTON, GEORGE E 1833 HALSTEAD BLVD. #807 TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *George Clinton* (NOTE: Registered Agent signature required when reinstating) DATE 10-10-06

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLINTON, GEORGE E 1833 HALSTEAD BLVD. #807 TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080735647 10/11/06--01063--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DA & SIMBA MANAGEMENT 221 DAY ST TALLAHASSEE, FL 32301 <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
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REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George Clinton* DATE 10-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #