2006 LIMITED LIABILITY COMPANY REINSTATEMENT

Nov 17, 2006 8:00 A.M. **DOCUMENT # L04000080509** Secretary of State 1. Entity Name BR PROPERTIES, LLC Principal Place of Business Mailing Address 30 SOUTH SHORE DRIVE 30 SOUTH SHORE DRIVE DESTIN, FL 32550 US DESTIN, FL 32550 Principal Place of Busines: 11132006 REIN-LLC CR2E101 (11/05) 288 4. FEI Number Applied For Not Applicable 75-3182251 \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ammara BAHZELL, TAMARA 30 SOUTH SHORE DRIVE DESTIN, FL 32550 City SHIO 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reins: Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE NO Change ☐ Addition ☐ Delete TITLE Devolupment BROADHEAD DEVELOPMENT, LLC NAME NAME STREET ADDRESS 30 SOUTH SHORE DRIVE STREET ADDRESS 98 Cast, Suite 3 DESTIN, FL 32550 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete Change Addition TITLE MGRM TITLE Rochuck, JULIAN ROEBUCK, JULIAN NAME NAME 30-SOUTH SHORE DRIVE STREET ADDRESS 285 Hwy 96 Cast, Soite 3 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-7IP ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiper or truptee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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