


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 14 AM 10:04

<b>DOCUMENT # L04000089381</b> 1. Entity Name FOUR SEASONS MANAGERS, LLC																													
Principal Place of Business C/O DENNIS FULLER 536 NORTH MONROE STREET TALLAHASSEE, FL 32301			Mailing Address C/O DENNIS FULLER 536 NORTH MONROE STREET TALLAHASSEE, FL 32301																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
Country		Country		Country																									
6. Name and Address of Current Registered Agent  MADIGAN, TERRELL C ATTY. C/O MCFARLAIN & CASSEDY, P.A. 305 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name <u>Dennis R. Fuller</u> Street Address (P.O. Box Number is Not Acceptable) <u>536 N. Monroe Street</u> City <u>Tallahassee</u> <b>FL</b> Zip Code <u>32301</u>																									
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 <u>Dennis R. Fuller, Managing member</u> DATE <u>10/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;">           MGRM            FULLER, DENNIS            536 NORTH MONROE STREET            TALLAHASSEE, FL 32301           <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, DENNIS 536 NORTH MONROE STREET TALLAHASSEE, FL 32301 <div style="text-align: right;"><input type="checkbox"/> Delete</div>											10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">REINSTATEMENT 2005</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">900060634339</div> <div style="text-align: center;">10/14/05--01073--001 **150.00</div> </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">REINSTATEMENT 2005</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">900060634339</div> <div style="text-align: center;">10/14/05--01073--001 **150.00</div>										
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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:** Dennis R. Fuller, Managing member 10/10/05 850 4029000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #