2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 29, 2005
Secretary of State

DOCUMENT# L04000094250

Entity Name: STEVICK PROPERTIES LLC

Current Principal Place of Business:

779 E. MERRITT ISLAND CSWY.
#745
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

779 E. MERRITT ISLAND CSWY.
#745
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-2762479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LE CLAIRE, CORINNE B
779 E. MERRITT ISLAND CSWY.
#745
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CORINNE B. LECLAIRE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LE CLAIRE, CORINNE B
Address: #745, 779 E. MERRITT ISLAND CSWY.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LE CLAIRE, CORINNE B
Address: #745, 779 E. MERRITT ISLAND CSWY.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Change (X) Addition
Name: LECLAIRE, CALLISTA B
Address: #745, 779 E. MERRITT ISLAND CSWY.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Change (X) Addition
Name: LECLAIRE, MICHAEL J
Address: #745, 779 E. MERRITT ISLAND CSWY.
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CORINNE B. LECLAIRE MGRM 11/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date