

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000002097

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: MILESTONE INVESTMENTS, LLC

## Current Principal Place of Business:

6361 PRESIDENTIAL CT., SUITE 104  
FT MYERS, FL 33919

## New Principal Place of Business:

506 BOLDEN BRANCH RD  
ANDREWS, NC 28901

## Current Mailing Address:

6361 PRESIDENTIAL CT., SUITE 104  
FT MYERS, FL 33919

## New Mailing Address:

2125 SANTA BARBARA BLVD #1  
CAPE CORAL, FL 33991 US

FEI Number: 11-3739432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

O'DONNELL, BARBARA  
6361 PRESIDENTIAL CT., STE 104  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

BOWERS, DAVID  
2125 SANTA BARBARA BLVD #1  
CAPE CORAL, FL 33991 US

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: DAVID W. BOWERS

03/05/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: O'DONNELL, BARBARA  
Address: 6361 PRESIDENTIAL CT., SUITE 104  
City-St-Zip: FT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: BOWERS, DAVID  
Address: 2710 DEL PRADO BLVD., SUITE 2170  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: LYNCH, GARY  
Address: 17130 WILDCAT DR  
City-St-Zip: FT MYERS, FL 33913

Title: MGRM ( ) Delete  
Name: GALLAGHER, ROBERT  
Address: 17338 MEADOWLAKE CIRCLE  
City-St-Zip: FT MYERS, FL 33912

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BOWERS, DAVID  
Address: 2125 SANTA BARBARA BLVD #1  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM (X) Change ( ) Addition  
Name: BOWERS, DAVID  
Address: 3415 SE 18TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID BOWERS

MGRM

03/05/2007

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