

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Feb 05, 2007
Secretary of State**

DOCUMENT# L05000005964

Entity Name: LAGRANGE BAYOU, LLC

Current Principal Place of Business:

910 HIGHWAY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

856 HARBOR BLVD
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 880
EUFAULA, AL 36072

New Mailing Address:

856 HARBOR BLVD
DESTIN, FL 32541

FEI Number: 20-2687927 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:

Name and Address of New Registered Agent:

WILLIAMS, MARTIN H
910 HIGHWAY 98 EAST
DESTIN, FL 32541 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: MARTIN H. WILLIAMS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DIXON, ROBERT M JR
Address: 605 W. WASHINGTON ST.
City-St-Zip: EUFAULA, AL 36027

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

Title: MGRM () Delete
Name: WILLIAMS, MARTIN H
Address: 910 HIGHWAY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Change () Addition
Name: WILLIAMS, MARTIN H
Address: 856 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

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: MARTIN H. WILLIAMS

MGRM

02/05/2007

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