



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 12 AM 9:17

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L05000007381</b><br>1. Entity Name<br>PORCH SWING PROPERTIES, LLC  |   |   |  |                                      |  |
| Principal Place of Business<br>2570 FIRST AVE. S.<br>FERNANDINA BEACH, FL 32034 US   |   |   | Mailing Address<br>2570 FIRST AVE. S.<br>FERNANDINA BEACH, FL 32034 US |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |                                     |  |
| City & State   |   | City & State                                  |  | 11142006 REIN-LLC CR2E101 (11/05)   |  |
| Zip  |   | Country                                       |  | 4. FFI Number   |  |
| Zip  |   | Country                                       |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                   |  |
| 6. Name and Address of Current Registered Agent<br><br>TOMASSETTI, ARMOND J ESQ.<br>406 ASH ST.<br>FERNANDINA BEACH, FL 32034  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |  | FL Zip Code   |  |
| SIGNATURE <u>Armond J. Tomassetti</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |  | DATE <u>12/11/06</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2007, Fee will be \$200.00</b>   |   |   |  | * Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PETTINGILL, MICHAEL R<br>2570 FIRST AVE. S.<br>FERNANDINA BEACH, FL 32034 |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | 600082480190<br>12/12/06--01045--003 **155.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | REINSTATEMENT 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |  |   |  |
| SIGNATURE: <u>Michael R. Pettingill</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |  | DATE <u>12/11/06</u> DAYTIME PHONE # <u>277-4821</u>  |  |