2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE AND TYPED O

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L05000016577** 1. Entity Name 06 OCT 25 AM 10: 23 **EASTERN COVE 42, LLC** Principal Place of Business Mailing Address **5630 BUCKLEIGH POINTE 5630 BUCKLEIGH POINTE** SUWANEE, GA 30024 SUWANEE, GA 30024 2. Principal Place of Business 10172006 REIN-LLC CR2E101 (11/05) 4. FEI Number Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKE, M. TODD ESQ Street Address (P.O. Box Number is Not Acceptable) 215 GRAND BOULEVARD STE. 101 DESTIN, FL 32550 City Zip Code FL 8. The above named entity submits s statement to 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 age Signature, typed or p FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. After January 1, 2007, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM TITLE ☐ Defete ☐ Change ☐ Addition WRIGHT, E. ALLEN NAME NAME 900081193999 6955 BRIXTON PLACE STREET ADDRESS STREET ADDRESS 10/25/06--01055--011 **50.00 SUWANEE, GA 30024 CITY-ST-ZIP CITY - ST - ZIP MGRM ☐ Defete TITLE TITLE Change ☐ Addition WRIGHT, WILLIAM A NAME 680 KNAPPS HIGHWAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP FAIRFIELD, CT 06825 CITY - ST - ZIP MGRM RUDEN, CLIFFORDA. 174 WATERCOLOR WAY # 306 MGRM □ Defete TITLE Change TITLE ☐ Addition RUDEN, CLIFFORD A NAME NAME 5630 BUCKLEIGH POINTE STREET ADDRESS STREET ADDRESS SANTA ROSA BEACH, FL 32459 SUWANEE, GA 30024 CITY - ST- ZIP CITY-ST-ZIP TITLE **MGRM** Delete TITLE ☐ Change ☐ Addition RUDEN, GEORGE B NAME NAME 1219 WYNFORD COLONY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIETTA, GA 30064 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP C Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP I hereby certify that the information supplied with this filling 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 of the liability company or the receiver SIGNATURE:

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED