

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000018392

Entity Name: SUNHILL HOLDINGS LLC

FILED
Dec 03, 2007
Secretary of State

Current Principal Place of Business:

14378 SPRING HILL DRIVE
BROOKSVILLE, FL 34604

New Principal Place of Business:

306 S. BROAD STREET
BROOKSVILLE, FL 34601

Current Mailing Address:

14378 SPRING HILL DRIVE
BROOKSVILLE, FL 34604

New Mailing Address:

P.O. BOX 1298
BROOKSVILLE, FL 34605

FEI Number: FEI Number Applied For (X) 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:

NELSON, LEE E
C/O WILLIAMS SCHIFINO MANGIONE & STEADY, P
201 N. FRANKLIN ST., STE. 2600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

NELSON, LEE E
SHUTTS & BOWEN LLP
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 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: LEE NELSON

12/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOBERVILLE, DAVID
Address: 14378 SPRING HILL DRIVE
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOBERVILLE, DAVID
Address: P.O. BOX 1298
City-St-Zip: BROOKSVILLE, FL 34605

I hereby certify that the information supplied with this filing does not qualify 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: D.T. GOBERVILLE

MGRM

12/03/2007

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