


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000021530		
1. Entity Name GREGORY LAND HOLDINGS, LLC		

Principal Place of Business 10889 N US Hwy OXFORD, FL 34484	Mailing Address 10889 N US Hwy OXFORD, FL 34484
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2. Principal Place of Business - No P.O. Box # 10889 N US Hwy	3. Mailing Address 10889 N US Hwy 301
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Oxford FL	City & State Oxford FL
Zip 34484	Country USA

6. Name and Address of Current Registered Agent GREGORY, WILLIAM M 10436 OR 209 10889 N US Hwy 301 OXFORD, FL 34484	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE: *William W Gregory* (NOTE: Registered Agent signature required when reinstating) DATE: 11-13-07

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGORY, WILLIAM W 10436 OR 209 10889 N US Hwy 301 OXFORD, FL 34484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *William W Gregory* (352) 748-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE: 11-13-07 DAYTIME PHONE #

FILED

2007 NOV 14 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132007 REIN-LLC CR2E101 (1/07)

4. FEI Number APPLIED FOR 20-2462895	Applied For <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

08/20/07-90183-005-\$50.00

352 748-2781