## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000027106  1. Entity Name CONSORTIUM INVESTMENT GROUP, LLC						The Land			
Principal Place of Business  141 S HG-HWAY71  VEWH-TTO-KA, FL 32465  US  Mailing Address  POBOX1393  VEWH-TTO-KA, FL 32465			85 US		SECRE	R 24 PM 12 TARY OF ST TASSEE, FLO	TATE		<b>11</b> 1 #1 1 <b>11</b> 1
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 22.5 Whaley DR.									
Suite, Apt. #, etc.  Suite, Apt. #, etc.					03092009	REIN-LLC	CR2E101 (	1/07)	
	ahitchka FL.	City & State			4. FEI Numbe 03-055			Not	olled For Applicable
Zlp 324(		Zip	Country			of Status Desired	Fee F	O Addit Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Agent		
HARMON, DANIEL III 427 MCKENZIE AVENUE PANAMA CITY, FL 32401			Street City	reet Address (P.O. Box Number is Not Acceptable) 8104 Alabama Avenue					
			City	Port	ST. J.	E	FL   Z	ip Code 3ン・ソ	56
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  Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent algebraic required when reinstating)  DATE									
	ognicias, types at privide harte or regional or agent o	FO DOE II EXPENSIONS. (NOTE:	Magazina Again an	benerias teden	ed when remediting)		DATE		
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9.	NOWIII FEE IS \$377.50  MANAGING MEMBE	RS/MANAGERS	10.	me	rRM	ADDITIONS	ke check payab la Department o	of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.	Me Les	rRM ter, Jan	ADDITIONS	ke check payab la Department o	of State	
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P. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM LESTER, JAMES E JR. 141 S. HIGHWAY 71	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	Me Les Wes	rRM ter, Jan 5 Whaley	ADDITIONS  ALS E. JR  OR.	ke check payable Department of S/CHANGES	of State	
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I nereby certify that the information supplied with this filling does not quality 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. James E. Lester

SIGNATURE: