

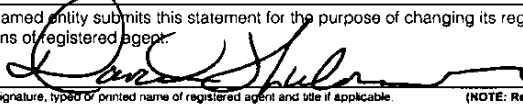
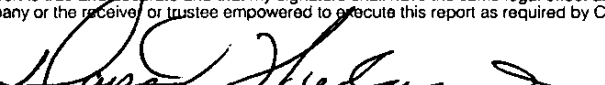


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
08 DEC -9 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000033159					
1. Entity Name OAKLAND PARTNERS, LLC					
Principal Place of Business 815 E. 63RD PLACE INDIANAPOLIS, IN 46220			Mailing Address 815 E. 63RD PLACE INDIANAPOLIS, IN 46220		
2. Principal Place of Business - No P.O. Box # 3905 MARINERS WALK Suite, Apt. #, etc. APT # 812		3. Mailing Address 3905 MARINERS WALK Suite, Apt. #, etc. APT # 812			
City & State CORTEZ FL		City & State CORTEZ FL		11252008 REIN-LLC CR2E101 (1/07)	
Zip 34215		Country MANATEE		4. FEI Number 20-2938000	
Zip 34215		Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRIKSON, ROBERT W III 1200 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name: DAVID WIELAND Street Address (P.O. Box Number is Not Acceptable): 3905 MARINERS WALK # 812 City: CORTEZ FL Zip Code: 34215		
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:  DATE: 12/5/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OAKLAND PARTNERS MANAGEMENT, LLC 3905 MARINERS WALK, UNIT 812 CORTEZ, FL 34215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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: 				DATE: 12/5/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	