

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033788

FILED  
Nov 13, 2009  
Secretary of State

Entity Name: FANTASY INVESTMENTS IV, LLC

## Current Principal Place of Business:

10111-09 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

7579-8 103RD STREET  
JACKSONVILLE, FL 32210

## New Mailing Address:

12889 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258

FEI Number: 20-2630943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

CEBECK, KEVIN  
1301 SOUTH FISRT STREET #702  
JACKSONVILLE BEACH, FL 32250      US

## Name and Address of New Registered Agent:

CARTER, DARLEEN  
10773 SADDLEBRED DRIVE  
JACKSONVILLE, FL 32257      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: DARLEEN CARTER

11/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: CEBECK, KEVIN  
Address: 1301 SOUTH 1ST STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR      ( ) Delete  
Name: LATIFF, MARK  
Address: 12889 CANNINGTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR      (X) Delete  
Name: CARTER, DARLEEN  
Address: 10773 SADDLEBRED DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: CARTER, DARLEEN  
Address: 10773 SADDLEBRED DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title:      ( ) Change      ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change      ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK LATIFF

MGR

11/13/2009

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