



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000036340					
1. Entity Name PANAMA CITY BEACH, LLC					
Principal Place of Business 101 HARRISON AVE. PANAMA CITY, FL 32401			Mailing Address 101 HARRISON AVE. PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box # 15238 Front Beach Rd. Suite, Apt. #, etc.		3. Mailing Address 15238 Front Beach Rd. Suite, Apt. #, etc.			
City & State Panama City Beach, FL		City & State Panama City Beach, FL		4. FEI Number NOT APPLICABLE	
Zip 32413		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, DERRICK 101 HARRISON AVE. PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Derrick Bennett</i></u> Derrick Bennett <u>9-30-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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 BENNETT, DERRICK 101 HARRISON AVENUE PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neel Bennett, MGR 15238 Front Beach Rd. Panama City Beach, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Bennett, MGR 15238 Front Beach Rd. Panama City Beach, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136530704 10/01/08--01038--004 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OF STATE TALLAHASSEE, FLORIDA 2008 OCT - 3 A 11:11 FILED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Derrick Bennett</i></u> Derrick Bennett <u>9-30-08</u> <u>850/236-1912</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					