

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000040273 1. Entity Name BENT OAKS PLANTATION, L.L.C.		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAR 11 PM 1:57																					
Principal Place of Business 512 SOUTH 3RD STREET JACKSONVILLE, FL 32250		Mailing Address 512 SOUTH 3RD STREET JACKSONVILLE, FL 32250																					
2. Principal Place of Business - No P.O. Box # 4230 Duval Dr. Suite, Apt. #, etc.		3. Mailing Address 4230 Duval Dr. Suite, Apt. #, etc.																					
City & State Jacksonville Bch, FL Zip 32250		City & State Jacksonville Bch, FL Zip 32250																					
Country USA		Country USA																					
6. Name and Address of Current Registered Agent BRILEY, D. RANDALL 512 SOUTH 3RD STREET JACKSONVILLE, FL 32250		7. Name and Address of New Registered Agent Name SEAN D. MANN Street Address (P.O. Box Number is Not Acceptable) 4230 Duval Dr. City JACKSONVILLE BEACH FL Zip Code 32250																					
8. The above named entity supports 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 3/6/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGRM MANN, SEAN D 512 SOUTH 3RD STREET JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANN, SEAN D 512 SOUTH 3RD STREET JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGRM MANN, SEAN D. 4230 Duval Dr. JACKSONVILLE Bch, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANN, SEAN D. 4230 Duval Dr. JACKSONVILLE Bch, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
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<div style="display: flex; justify-content: space-between;"> <div> 200120880412 03/21/08-01008-027 **377.50 </div> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div> 07-08 </div> </div>																							
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: 3/6/08 9042994474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																							