2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 26, 2007
Secretary of State

DOCUMENT# L05000058231

Entity Name: BROWN PROPERTIES II, LLC

Current Principal Place of Business:

2933 MONTEVALLO ROAD
BIRMINGHAM, AL 35223

New Principal Place of Business:

Current Mailing Address:

2933 MONTEVALLO ROAD
BIRMINGHAM, AL 35223

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

COLON, MARY W
3520 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: MARY W COLON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BROWN, DAVIS
Address: 2833 MONTEVALLO ROAD
City-St-Zip: BIRMINGHAM, AL 35223

Title: MGRM ( ) Delete
Name: BROWN, SHARON
Address: 2833 MONTEVALLO ROAD
City-St-Zip: BIRMINGHAM, AL 35223

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BROWN, DAVIS
Address: 2933 MONTEVALLO ROAD
City-St-Zip: BIRMINGHAM, AL 35223

Title: MGRM (X) Change ( ) Addition
Name: BROWN, SHARON
Address: 2933 MONTEVALLO ROAD
City-St-Zip: BIRMINGHAM, AL 35223

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: DAVIS M BROWN MGRM 06/26/2007

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