2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000070802 2007 MAR -9 AM 9:31 EXECUTIVE SUITES ASSOCIATES, LLC SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1001 3RD AVENUE WEST, SUITE 600 1001 3RD AVENUE WEST, SUITE 600 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 20-3181404 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKAY, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1001 3RD AVENUE WEST, SUITE 600 BRADENTON, FL 34205 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TOTALE ☐ Delete TITLE □ Chano BAND, DAVID S NAME NAME STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600 STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition TITLE MCKAY, JOHN M NAME NAME 1001 3RD AVENUE WEST, SUITE 600 STREET ADDRESS 000092642430 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP **200 D0 MGR TITLE ☐ Detete TITLE Change Addition ALLEN, RONALD J NAME NAME STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34205 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME REINSTATIENIEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change noriibba 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. JRE David S. Band, M. SIGNATURE AND TYPED OF ARTITION OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE David S. Band, Manager Daytime Phone

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