

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000071212 1. Entity Name SHADE FARM PROPERTIES, L.L.C.				 FILED NOV 22 PM 2:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																																																																							
Principal Place of Business P.O. BOX 10851 TALLAHASSEE, FL 32302		Mailing Address P.O. BOX 10851 TALLAHASSEE, FL 32302																																																																																																																																																									
2. Principal Place of Business 3681 Letitia Lane		3. Mailing Address Same																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State Tallahassee FL		City & State																																																																																																																																																									
Zip 32312		Country		11222006 REIN-LLC CR2E101 (11/05)																																																																																																																																																							
4. FEI Number 20-3176470				Applied For Not Applicable																																																																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ALLEN, MORTHAM JR. 1916 EAST WINDWOOD WAY TALLAHASSEE, FL 32311																																																																																																																																																							
7. Name and Address of New Registered Agent Name: David Y. Huang Street Address (P.O. Box Number is Not Acceptable): 3681 Letitia Lane City: Tallahassee FL Zip Code: 32312				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: <i>D. Huang, m.</i> DATE: 11-22-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">MGR</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">Managing Member (MGR/M)</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MORTHAM, ALLEN JR.</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">David Y. 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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: <i>D. Huang, m.</i> DATE: 11-22-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																																											