2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000071238

Entity Name: SAND SPURS RANCH, LLC

FILED Oct 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7155 COUNTY ROAD 13 SOUTH 1303 MALLARD LANDING BLVD N HASTINGS, FL 32145 JACKSONVILLE, FL 23359 **Current Mailing Address: New Mailing Address:** 1303 MALLARD LANDING BLVD N 7155 COUNTY ROAD 13 SOUTH HASTINGS, FL 32145 JACKSONVILLE, FL 32259 FEI Number: 57-1211674 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: SCOTT, ALLEN DAVIS, RAYMOND T 99 ORANGE STREET 1303 MALLARD LANDING BLVD N ST. AUGUSTINE, FL 32084 JACKSONVILLE, FL 32259 US 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: RAYMOND T DAVIS 10/12/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition SCOTT, ALLEN DAVIS, RAYMOND T Name: Name: 99 ORANGE STREET Address: 1303 MALLARD LANDING BLVD N Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: JACKSONVILLE, FL 32259 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: CUETO, MICHEAL Address: Address: 7800 POINTE MEADOWS DR City-St-Zip: City-St-Zip: JAX., FL 32256 Title: () Delete Title: MGRM () Change (X) Addition DAY, JOHN W Name: Name: Address: Address: 1124 KINGSLAND CT City-St-Zip: City-St-Zip: JAX., FL 32259 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: DEMARS, JAMES M 7155 COUNTY RD 13 S Address: Address: City-St-Zip: City-St-Zip: HASTING, FL 32145 Title: () Delete Title: MGRM () Change (X) Addition DEMARS, DEBRA B Name: Name: 1310 FOREST AVENVE Address: Address: City-St-Zip: City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND T DAVIS MGRM 10/12/2006