

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JAN 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11252008 REIN-LLC CR2E101 (1/07)

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L05000071376 | | | | | |
| 1. Entity Name 44, L.L.C. | | | | | |
| Principal Place of Business 313 CAMBRIDGE DRIVE LONGWOOD, FL 32779 | | | Mailing Address 313 CAMBRIDGE DRIVE LONGWOOD, FL 32779 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STEGALL, BARRY 313 CAMBRIDGE DRIVE LONGWOOD, FL 32779 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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>Barry Stegall</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | DATE <i>12-6-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM O'KELLEY, JOHN D 117 NORTH SEVENTH STREET LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> 500138347705 12/01/08--01075--015 **238.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MURPHY, VICTORIA 117 NORTH SEVENTH STREET LEESBURG, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR STEGALL, BARRY 313 CAMBRIDGE DRIVE LONGWOOD, FL 32779 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR STEGALL, FRANCES 313 CAMBRIDGE DRIVE LONGWOOD, FL 32779 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 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>John O'Kelley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE <i>11-25-08</i> 352/787-5895 <small>Date Daytime Phone #</small> | | |