

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000071729

Entity Name: ASHBURN HOMES, LLC

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

3870 NW 83RD STREET
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3870 NW 83RD STREET
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-3279371 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:

PALMER, STUART
3870 NW 83RD STREET
GAINESVILLE, FL 32606 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: STUART PALMER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMER, STUART
Address: % 3870 NW 83RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: LITTLE, JAMES A JR.
Address: % 3870 NW 83RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: LEROY, MICHAEL
Address: % 3870 NW 83RD STREET
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STUART PALMER

MGRM

02/07/2007

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