


# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

FILED

06 OCT 31 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000072943			
1. Entity Name BLUE MOUNTAIN FLORIDA, LLC			
Principal Place of Business 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319		Mailing Address 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319	
2. Principal Place of Business		3. Mailing Address 171 17th Street NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2100	
City & State		City & State Atlanta, Georgia	
Zip	Country	Zip	Country
30363	U.S.A.	30363	U.S.A.
4. FEI Number 20-3202752		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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>Kathy Ballard</i>		Kathy Ballard Asst. Sec. 10-30-06	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make Check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, SEAN S 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081595421 11/07/06--01055--029 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, SCOTT S 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>James R. Robinson</i>		James R. Robinson, Esquire: 10/31/06 404.873.8790	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Copying Phone #	

**REINSTATEMENT**