

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079100

FILED
Nov 17, 2006
Secretary of State

Entity Name: OYSTER BAY PARTNERS I, LLC

Current Principal Place of Business:

3840 CROWN POINT ROAD
SUITE B
JACKSONVILLE, FL 32257

New Principal Place of Business:

7825 BAYMEADOWS WAY
SUITE 310A
JACKSONVILLE, FL 32256

Current Mailing Address:

3840 CROWN POINT ROAD
SUITE B
JACKSONVILLE, FL 32257

New Mailing Address:

7825 BAYMEADOWS WAY
SUITE 310A
JACKSONVILLE, FL 32256

FEI Number: 20-3399782 **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:

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

WG PITTS
7825 BAYMEADOWS WAY
SUITE 310A
JACKSONVILLE, FL 32256 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: WILLIAM PITTS

11/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WILLIAM, PITTS
Address: 7825 BAYMEADOWS WAY, SUITE 310A
City-St-Zip: JACKSONVILLE, FL 32256

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: WILLIAM PITTS

MGRM

11/17/2006

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