

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083909

FILED
Sep 10, 2007
Secretary of State

Entity Name: BLADES BUILDING CO., LLC

Current Principal Place of Business:

136 S. HOLIDAY RD.
SUITE B
DESTIN, FL 32550 US

New Principal Place of Business:

525 SEABREEZE DRIVE
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

136 S. HOLIDAY RD.
SUITE B
DESTIN, FL 32550 US

New Mailing Address:

525 SEABREEZE DRIVE
PANAMA CITY BEACH, FL 32413 US

FEI Number: 11-3758383 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:

BLADES, MICHAEL L
22811 PCB PKWY
UNIT 30
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

BLADES, MICHAEL L
525 SEABREEZE DRIVE
PANAMA CITY BEACH, FL 32413 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: MICHAEL LEE BLADES

09/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLADES, MICHAEL L
Address: 22811 PCB PKWY UNIT 30
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLADES, MICHAEL L
Address: 525 SEABREEZE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL LEE BLADES

MGRM

09/10/2007

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