


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| <b>DOCUMENT # L05000086001</b><br>1. Entity Name<br><b>MORNINGSIDE DEVELOPMENT OF BAY COUNTY, LLC</b>  |  |  |  |    |  | <b>FILED</b><br><b>06 DEC 13 PM 3: 26</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>4001 RIVERSIDE DRIVE<br/>CEDAR GROVE, FL 32404</b>   |  |  |  | Mailing Address<br><b>4001 RIVERSIDE DRIVE<br/>CEDAR GROVE, FL 32404</b>  |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.:<br>City & State:<br>Zip:      Country:  |  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.:<br>City & State:<br>Zip:      Country:   |  |   |  |
| 4. FEI Number<br><b>10272006 REIN-LLC</b>  |  |  |  | CR2E101 (11/05)<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |  |  | <b>\$5.00</b> Additional Fee Required   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>LAYMON, JOHN N<br/>4001 RIVERSIDE DRIVE<br/>CEDAR GROVE, FL 32404</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name: <b>Charles S. Isler, III</b><br>Street Address (P.O. Box Number is Not Acceptable):<br><b>434 Magnolia Avenue</b><br>City: <b>Panama City</b> <b>FL</b> Zip Code: <b>32401</b> |  |   |  |
| 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.<br>SIGNATURE: <u><i>Charles S. Isler</i></u> DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2007, Fee will be \$200.00</b>   |  |  |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  | 10. ADDITIONS/CHANGES   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LAYMON, JOHN N<br>4001 RIVERSIDE DRIVE<br>CEDAR GROVE, FL 32404 |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>800082648248</b><br><b>12/19/06--01055--011 **180.00</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2006</b><br><b>Overpayment of \$25.00</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |  |   |  |   |  |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u> Date: <u><i>Dec 1. 06</i></u> Daytime Phone #: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |  |   |  |   |  |