

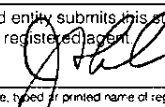
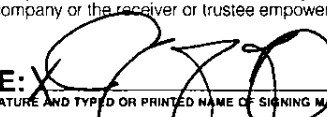


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 10:35

DOCUMENT # L05000104608 1. Entity Name SOUTHLAND MANAGEMENT GROUP OF FLORIDA, LLC																													
Principal Place of Business 2821-B BOLTON ROAD ORANGE PARK, FL 32073				Mailing Address 2821-B BOLTON ROAD ORANGE PARK, FL 32073																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 817																											
City & State Orange Park, FL		City & State Orange Park, FL		09272006 REIN-LLC CR2E101 (11/05)																									
Zip 32067		Country		4. FFI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent NICHOLS, JOHN W 1329 KINGSLEY AVE, STE D ORANGE PARK, FL 32073																									
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  DATE 9-27-2006																									
FILE NOW!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">MGRM</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, STAFFORD C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2821-B BOLTON ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK, FL 32073</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	DAVIS, STAFFORD C		STREET ADDRESS	2821-B BOLTON ROAD		CITY-ST-ZIP	ORANGE PARK, FL 32073		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 				9-27-2006 904-264-1665																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																									