

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000106113

FILED
Dec 13, 2007
Secretary of State

Entity Name: POTENTIAL PLUS PROPERTIES LLC

Current Principal Place of Business:

37 3RD ST
SHALIMAR, FL 32579

New Principal Place of Business:

311 BIMINI WAY
NICEVILLE, FL 32578

Current Mailing Address:

37 3RD ST
SHALIMAR, FL 32579

New Mailing Address:

311 BIMINI WAY
NICEVILLE, FL 32578

FEI Number: 20-3797593 **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:

WATSON, JOSEPH S
37 3RD STREET
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

WATSON, JOSEPH S
311 BIMINI WAY
NICEVILLE, FL 32578 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: JOSEPH S WATSON

12/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATSON, JOSEPH S
Address: 37 3RD STREET
City-St-Zip: SHALIMAR, FL 32579

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATSON, JOSEPH S
Address: 311 BIMINI WAY
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Change (X) Addition
Name: WATSON, LORI M
Address: 311 BIMINI WAY
City-St-Zip: NICEVILLE, FL 32578

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: JOSEPH S WATSON

MGRM

12/13/2007

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