2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000106963

Entity Name: GMS DEVELOPMENT, LLC

Current Principal Place of Business:

1515 COUNTY RD. 210
SUITE 203
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1515 COUNTY RD. 210
SUITE 203
JACKSONVILLE, FL 32259

New Mailing Address:

P. O BOX 3025
ST AUGUSTINE, FL 32085

FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

GREGORY, STUART
1515 COUNTY RD. 210
SUITE 203
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: ANDREW SKIGEN
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM   ( ) Delete
Name: GREGORY, STUART
Address: 1515 COUNTY RD. 210 SUITE 203
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM   ( ) Delete
Name: MCANANY, SCOTT
Address: 1515 COUNTY RD. 210 SUITE 203
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM   ( ) Delete
Name: SKIGEN, ANDREW
Address: 1515 COUNTY RD. 210 SUITE 203
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREW SKIGEN   MGRM   11/02/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date