2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2006
Secretary of State

DOCUMENT# L05000107868

Entity Name: WILLOW BEND, L.L.C.

Current Principal Place of Business:

9600 S.E. 36TH AVENUE
BELLEVIEW, FL 34420

New Principal Place of Business:

11132 N CR 475
OXFORD, FL 34484

Current Mailing Address:

9600 S.E. 36TH AVENUE
BELLEVIEW, FL 34420

New Mailing Address:

11132 N CR 475
OXFORD, FL 34484

FEI Number: 20-5708386 **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:

REED, GAYLE S
9600 S.E. 36TH AVENUE
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

REED, GAYLE S
11132 N CR 475
OXFORD, FL 34484 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: GAYLE S REED 10/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REED, GAYLE S
Address: 11132 N. CR 475
City-St-Zip: OXFORD, FL 34484

Title: MGRM ( ) Delete
Name: CARTIER, JAN R
Address: 11 DUNCAN STREET
City-St-Zip: MILLBURN, NJ 07041

ADDITIONS/CHANGES:

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: GAYLE S REED MGRM 10/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date