

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 12 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02232007 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L05000107885</b> 1. Entity Name BPT 21, ETC., LLC					
Principal Place of Business 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225			Mailing Address 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CFRA, LLC 4221 WEST BOY SCOUT BOULEVARD TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Manager J. Thomas Dodson 700 Ponte Vedra Lakes Boulevard Ponte Vedra Beach, FL 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Assistant Manager Gregory D. Morris 700 Ponte Vedra Lakes Boulevard Ponte Vedra Beach, FL 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			500094462415 03/22/07--01009--012 **100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			REINSTATEMENT 06-07		
TITLE NAME STREET ADDRESS 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.					
SIGNATURE:			Assistant Manager <u>3/02/07 727-576-6424</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		