2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# L05000114974

Entity Name: BAY SPRINGS COMMUNITY MORTGAGE LLC

Current Principal Place of Business:

242 BAY PINE PL.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

101ARIANA COVE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

242 BAY PINE PL.
CRAWFORDVILLE, FL 32327

New Mailing Address:

101 ARIANA COVE
CRAWFORDVILLE, FL 32327

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

SMITH, BOBBY
242 BAY PINE PL.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SMITH, BOBBY
101 ARIANA COVE
CRAWFORDVILLE, FL 32327 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: BOBBY SMITH 04/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, BOBBY
Address: 242 BAY PINE PL.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, BOBBY
Address: 101 ARIANA COVE
City-St-Zip: CRAWFORDVILLE, FL

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: BOBBY SMITH MGR 04/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date