



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:55

DOCUMENT # L05000123100 1. Entity Name PAULA & PHILIP MELVILLE, LLC					
Principal Place of Business 5653 CREWS LAKE RD EBRO, FL 32437			Mailing Address 5653 CREWS LAKE RD EBRO, FL 32437		
2. Principal Place of Business <i>5653 Crews lake Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>5653 Crews lake Rd</i> Suite, Apt. #, etc.			
City & State <i>Ebro FL</i>		City & State <i>Ebro FL</i>		4. FEI Number <i>83-0443095</i>	
Zip <i>32437</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MELVILLE, PAULA 5653 CREWS LAKE RD EBRO, FL 32437				7. Name and Address of New Registered Agent Name <i>P John Melville</i> Street Address (P.O. Box Number is Not Acceptable) <i>error</i> <i>5653 Crews lake Rd</i> City <i>EBro</i> State <i>FL</i> Zip Code <i>32437</i>	
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 <i>Paula Melville</i> DATE <i>11/10/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS <i>pro error</i>			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELVILLE, PAULA 5653 CREWS LAKE RD EBRO, FL 32437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>700082640987</i> <i>12/19/06--01033--015 **155.00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELVILLE, JOHN P 5653 CREWS LAKE RD EBRO, FL 32437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 <i>Paula Melville</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>11/10/06</i> Daytime Phone # <i>850 814-2341</i>		