


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000123613 1. Entity Name I280 MANAGEMENT LLC	
---	---

FILED

06 NOV -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 870 BLOUNTSTOWN HWY. TALLAHASSEE, FL 32304	Mailing Address P.O. BOX 2065 TALLAHASSEE, FL 32316-2065
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11022006 REIN-LLC CR2E101 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HUGES, JOSEPH J P.A. 4913 N. MONROE STREET TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name: <u>DAVID M LYONS</u> Street Address (P.O. Box Number is Not Acceptable): <u>4913 N. MONROE ST.</u> City: <u>TALLAHASSEE</u> FL Zip Code: <u>32303</u>
---	---

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: [Signature] DATE: 1-2-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, DAVID M <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	P.O. BOX 2065	STREET ADDRESS	700081475667
CITY-ST-ZIP	TALLAHASSEE, FL 323162065	CITY-ST-ZIP	11/02/06--01038--008 **\$5.00
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: <u>1-2-05</u>	Daytime Phone #: <u>850-321-4271</u>
--	---------------------	--------------------------------------