

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000008586</b> 1. Entity Name <b>CEDARTRACE, LLC</b>				<div style="font-size: 2em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">07 DEC 28 PM 12:33</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>416 JENKS AVENUE PANAMA CITY, FL 32401</b>		Mailing Address <b>416 JENKS AVENUE PANAMA CITY, FL 32401</b>		12212007 REIN-LLC CR2E101 (1/07)	
2. Principal Place of Business - No P.O. Box # <b>311 Hollis Avenue</b>		3. Mailing Address <b>311 Hollis Avenue</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Panama City, FL</b>		City & State <b>Panama City, FL</b>		4. FEI Number <b>30-0032796</b>	
Zip <b>32401</b>		Country <b>Bay</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name <b>Barbara Jernigan</b> Street Address (P.O. Box Number is Not Acceptable) <b>311 Hollis Avenue</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32401</b>			
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 <u><i>Barbara Jernigan</i></u> <span style="float: right;">12-21-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCNEIL, SEAN D 416 JENKS AVENUE PANAMA CITY, FL 32401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>475 Harrison Avenue, Suite 200 Panama City, FL 32401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JERNIGAN, WILLIAM L 311 HOLLIS AVENUE PANAMA CITY, FL 32401</b>	<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	
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	
<div style="font-size: 2em; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 2em; opacity: 0.5;">2007</div>					
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><i>William L Jernigan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			12-21-07 850-769-5363 <small>Date Daytime Phone #</small>		