2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# L06000017869

Entity Name: SCREAMING EAGLES, LLC

Current Principal Place of Business:

1130 CYPRESS AVENUE NW
LABELLE, FL 33935 US

New Principal Place of Business:

2259 S. OLGA DRIVE
FORT MYERS,, FL 33905 US

Current Mailing Address:

1130 CYPRESS AVENUE NW
LABELLE, FL 33935 US

New Mailing Address:

2259 S. OLGA DRIVE
FORT MYERS,, FL 33905 US

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

Name and Address of Current Registered Agent:

SANDERS, WILLIAM B
5637 SECOND STREET W
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

SANDERS, WILLIAM B
2259 S. OLGA DRIVE
FORT MYERS, FL 33905 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: WILLIAM BRADLEY SANDERS 03/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SANDERS, WILLIAM B
Address: 5637 SECOND STREET W
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: MGRM ( ) Delete
Name: SANDERS, JAMES R
Address: 1130 CYPRESS AVENUE NW
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANDERS, WILLIAM B
Address: 2259 S. OLGA DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM BRADLEY SANDERS MGRM 03/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date