2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# L06000024944

Entity Name: BLACK CREEK FOREST, LLC

Current Principal Place of Business:

5167 REDBIRD ROAD
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

5167 REDBIRD ROAD
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

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

PONCE, DAVID M
5167 REDBIRD ROAD
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: DAVID M. PONCE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PONCE, DAVID M
Address: 5167 REDBIRD ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM ( ) Delete
Name: PONCE, DAVID S
Address: 5199 REDBIRD RD.
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

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

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: DAVID M. PONCE MGRM 02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date