2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L06000027360

Entity Name: SPRH WILLISTON HOLDINGS, LLC

Current Principal Place of Business:

13033 N.E JACKSON HIGHWAY
SPARR, FL 32192

New Principal Place of Business:

13033 N.E JACKSONVILLE HIGHWAY
SPARR, FL 32192

Current Mailing Address:

13033 N.E JACKSON HIGHWAY
SPARR, FL 32192

New Mailing Address:

P.O.BOX 298
SPARR, FL 32192

FEI Number: 20-4488368 **FEI Number Applied For ( )** **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:

HOWARD, SAMUEL B
13033 N.E JACKSON HIGHWAY
SPARR, FL 32192 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: SAMUEL B. HOWARD

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HOWARD, SAMUEL B MR.
Address: 13033 N.E.JACKSONVILLE HIGHWAY
City-St-Zip: SPARR, FL 32192

Title: MEMB ( ) Change (X) Addition
Name: HOWARD, PAUL L MR.
Address: 13033 N.E. JACKSONVILLE HIGHWAY
City-St-Zip: SPARR, FL 32192

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: SAMUEL B. HOWARD MGRM 04/11/2008

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