

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000032504

FILED
Aug 28, 2009
Secretary of State

Entity Name: EXCLUSIVE MOUNTAIN PROPERTIES, LLC

Current Principal Place of Business:

4975 DIXIE HWY NE
UNIT 604
PALM BAY, FL 32905 US

New Principal Place of Business:

5520 NE 51ST AVENUE
HIGH SPRINGS, FL 32643 US

Current Mailing Address:

4975 DIXIE HWY NE
UNIT 604
PALM BAY, FL 32905 US

New Mailing Address:

596 N RIDGERUNNER ROAD
BURNSVILLE, NC 28714 US

FEI Number: 26-2458837 **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:

SHARP, DEBORAH S
4975 DIXIE HWY NE
UNIT 604
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

SHARP, DEBORAH S
5520 NE 51 AVENUE
HIGH SPRINGS, FL 32643 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: DEBORAH S SHARP

08/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARP, DEBORAH S
Address: 4975 DIXIE HWY NE UNIT 604
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARP, DEBORAH S
Address: 5520 NE 51 AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643 US

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: DEBORAH S SHARP

MGRM

08/28/2009

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