


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000067055</b> 1. Entity Name ISB PROPERTY MANAGEMENT, LLC	
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FILED

08 AUG 28 PM 4: 44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 8330 THOMAS DRIVE, SUITE 1108 PANAMA CITY BEACH, FL 32408	Mailing Address 8330 THOMAS DRIVE, SUITE 1108 PANAMA CITY BEACH, FL 32408
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08142008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>20-5178039</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DIANE HARE, C.P.A.  
2528 JENKS AVENUE  
PANAMA CITY, FL 32405

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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: *Diane J. Hare, CPA* DATE: 08-14-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$377.50</b>		Make check payable to Florida Department of State
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**9. MANAGING MEMBERS / MANAGERS**

TITLE: MGRM <input type="checkbox"/> Delete NAME: <b>BARRANGAN ISMAEL</b> STREET ADDRESS: 1007 GEORGIA AVENUE CITY-ST-ZIP: LYNN HAVEN, FL 32444	
TITLE: MGRM <input type="checkbox"/> Delete NAME: <b>BARRANGAN SILVINO</b> STREET ADDRESS: 3001 NOWELL COURT CITY-ST-ZIP: PANAMA CITY, FL 32405	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

**10. ADDITIONS / CHANGES**

TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Barragan, Ismael</b> STREET ADDRESS: <b>2860 Tupelo Drive</b> CITY-ST-ZIP: <b>Panama City, FL 32405</b>	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Barragan, Silvino</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>300134795373</b> CITY-ST-ZIP: <b>08/21/08--01023--003 **382.50</b>	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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: *[Signature]* DATE: 8-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #