

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075352

Entity Name: WILLA SPRINGS 2005, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

5570 FLORIDA MINING BLVD
SUITE
JACKSONVILLE, FL 32257

Current Mailing Address:

5570 FLORIDA MINING BLVD
SUITE
JACKSONVILLE, FL 32257

New Principal Place of Business:

5570 FLORIDA MINING BLVD
SUITE 304
JACKSONVILLE, FL 32257

New Mailing Address:

5570 FLORIDA MINING BLVD
SUITE 304
JACKSONVILLE, FL 32257

FEI Number: 76-0213999 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 A. CAPLAN, ATTORNEY, P.A.
6260 - C DUPONT STATION COURT
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BREWER, DONALD R
5570 FLORIDA MINING BLVD.
SUITE 304
JACKSONVILLE, FL 32257 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: DONALD R. BREWER

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COASTAL RECONSTRUCTION, INC.
Address: 5570 FLORIDA MINING BLVD SUITE 304
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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: DONALD R. BREWER

MGRM

04/15/2009

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