

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000115635

FILED
Apr 30, 2008
Secretary of State

Entity Name: MONARCH PASS PROPERTIES, LLC

Current Principal Place of Business:

24369 HWY 71
ALTHA, FL 32421 US

New Principal Place of Business:

Current Mailing Address:

24369 HWY 71
ALTHA, FL 32421 US

New Mailing Address:

P.O BOX 631
GREENWOOD, FL 32443 US

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:

GEORGE, VIC
24369 HWY 71
ALTHA, FL 32421 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: VIC GEORGE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLINE, RENEE
Address: 105 MASSEE DRIVE
City-St-Zip: DOTHAN, AL 36301

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GEORGE, VIC
Address: P.O BOX 631
City-St-Zip: GREENWOOD, FL 32443

Title: MGR () Change (X) Addition
Name: GEORGE, GLEN
Address: P.O. BOX 631
City-St-Zip: GREENWOOD, FL 32443

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: VIC GEORGE

MGR

04/30/2008

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