


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000011570		
1. Entity Name VERSAILLES PARTY CENTER OF PENSACOLA, LLC		

Principal Place of Business 1101 S. FAIRFIELD DR. PENSACOLA, FL 32506	Mailing Address 1101 S. FAIRFIELD DR. PENSACOLA, FL 32506
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 17488
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32522-7488	Country USA

6. Name and Address of Current Registered Agent REBECCA YOUNG, EDITH 1101 S. FAIRFIELD DR. PENSACOLA, FL 32506	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

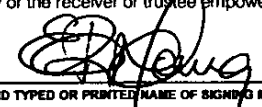
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PENSACOLA CITY CLUB, LLC 1504 W. INTENDENCIA STREET PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERSAILLES PARTY CENTER OF PENSACOLA A NEV 1101 S. FAIRFIELD DR. PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700137696937 11/06/08--01008--019 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RCG ENTERPRSES, INC. OF NORTH CAROLINA 1101 S. FAIRFIELD DR. PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **10-28-2008** **850-777-7508**

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

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



10132008 REIN-LLC CR2E101 (1/07)

4. FEI Number 33-1152129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

REINSTATEMENT

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