

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 AM 11:51

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # L07000028729 | | | | | |
| 1. Entity Name HARTSPOINTE MARINA LLC | | | | | |
| Principal Place of Business 1301 RIVERPLACE BLVD. STE 1609 JACKSONVILLE, FL 32207 | | | Mailing Address 1301 RIVERPLACE BLVD. STE 1609 JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business - No P.O. Box # 501 Riverside Ave. | | 3. Mailing Address 501 Riverside Ave. | | | |
| Suite, Apt. #, etc. Suite 601 | | Suite, Apt. #, etc. Suite 601 | | | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 26-1322074 | |
| Zip 32202 | | Country US | | Applied For Not Applicable | |
| Zip 32202 | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEEK III, EUGENE G 1301 RIVERPLACE BLVD. STE 1609 JACKSONVILLE, FL 32207 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 501 Riverside Ave., Suite 601 City Jacksonville FL Zip Code 32202 | | |
| 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 <u>Eugene G. Peek III</u> 11/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEEK III, EUGENE G 1301 RIVERPLACE BLVD., STE 1609 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000137857530 11/12/08--01047--011 **138.75 <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 | Manager William M. Belote 212 South Calhoun Dublin, GA 31021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Victor J. Belote 2054 Riverside Ave, #6101 Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700137857567 11/12/08--01047--012 **5.00 <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 | | REINSTATEMENT | | |
| 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: <u>Eugene G. Peek III</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Eugene G. Peek III Date 11/10/08 (904) 399-1609 <small>Daytime Phone #</small> | | |