

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000031258

FILED
Apr 27, 2009
Secretary of State

Entity Name: MORGAN FLORIDA PROPERTIES, LLC

Current Principal Place of Business:

7979 LEMAY STREET
WAYNESVILLE, OH 45068 US

New Principal Place of Business:

3195 DAYTON-XENIA ROAD STE 900-309
BEAVERCREEK, OH 45434 US

Current Mailing Address:

7979 LEMAY STREET
WAYNESVILLE, OH 45068 US

New Mailing Address:

3195 DAYTON-XENIA ROAD STE 900-309
BEAVERCREEK, OH 45434 US

FEI Number: 26-0653768 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:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PAPANEK, SCOTT
6300 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 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: SCOTT PAPANEK

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORGAN, DANIEL P
Address: 7979 LEMAY STREET
City-St-Zip: WAYNESVILLE, OH 45068 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORGAN, DANIEL P
Address: 3195 DAYTON-XENIA ROAD STE 900-309
City-St-Zip: BEAVERCREEK, OH 45434 US

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: DANIEL P MORGAN

MGRM

04/27/2009

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