

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000033052					
1. Entity Name CWS PROPERTIES, LLC					
Principal Place of Business 3487 GARDENVIEW WAY TALLAHASSEE, FL 32309			Mailing Address 3487 GARDENVIEW WAY TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10302008 REIN-LLC CR2E101 (1/07)	
4. FEI Number 20-8774528				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOKSEY, AMY C 3487 GARDENVIEW WAY TALLAHASSEE, FL 32309			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 <i>Amy C. Cooksey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Amy C. Cooksey		10/30/08 <small>DATE</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 COOKSEY, AMY C 3487 GARDENVIEW WAY TALLAHASSEE, FL 32309	<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	MGR WHITTINGTON, KENT 4853 BALLYDAR DR TALLAHASSEE, FL 32309	<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	MGR SMITH, CHRIS 2657 BRETON RIDGE DR TALLAHASSEE, FL 32312	<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	REINSTATEMENT 2008	<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: <i>Amy C. Cooksey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Amy C. Cooksey		10/30/08 850-648-3060 <small>Date Daytime Phone #</small>	



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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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