


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 OCT -6 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000116759	
1. Entity Name BAYLAND ESCAMBIA, L.L.C.	

Principal Place of Business 4 LAGUNA STREET, SUITE 101 FORT WALTON BEACH, FL 32548	Mailing Address 4 LAGUNA STREET, SUITE 101 FORT WALTON BEACH, FL 32548
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2. Principal Place of Business - No P.O. Box # 414 BAY BOULEVARD	3. Mailing Address 414 BAY BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA FLORIDA	City & State PENSACOLA FLORIDA
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Zip 32503	Country	Zip 32503	Country
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09282009 REIN-LLC CR2E101 (1/07)

4. FEI Number APPLIED FOR 26-2428988	Applied For Not Applicable
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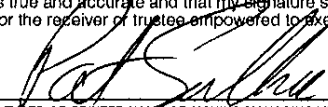
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  COLBERT, RICHARD M 4 LAGUNA STREET, SUITE 101 FORT WALTON BEACH, FL 32548	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 	DATE 9/30/09
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$238.75 After January 1, 2010, Fee will be \$377.50	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	MGR COLBERT, RICHARD M 4 LAGUNA ST, STE 101 FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, PATRICK S. 414 BAY BOULEVARD PENSACOLA, FLORIDA 32503 <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	500161284515 10/02/09--01045--007 **238.75 <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	<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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 9/30/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	