

REINSTATEMENT

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 OCT 18 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000000400			
1. Entity Name The Sutton Group South, L.L.C.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 553 Sutton Place Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8006 Suite, Apt. #, etc.	
City & State Longboat Key, FL 34228 Zip 34228 Country USA		City & State Longboat Key, FL 34228 Zip 34228 Country USA	
4. FEI Number 65-0826822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301			
7. Name and Address of New Registered Agent Name Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 537 East Park Avenue City Tallahassee FL Zip Code 32301			
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. Corporate Services, Inc. SIGNATURE <i>[Signature]</i> President October 18, 2000 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input type="checkbox"/> Delete Louis M. Ursini 553 Sutton Place Longboat Key, FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003456175-8 -11/07/00--01123--002 ****155.00 ****155.00
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
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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 exemption stated in Section 119.07(3)(i), 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		Authorized Agent: Cheryl Geluso October 18, 2000 850/222-3018 <small>Date Daytime Phone #</small>	