## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<u> </u>									
DOGUMENT # L'98000001018						FILED			
		OPERTIES, L.L.C.					2005 APR 27		10
			- I I			DIVIDION OF CORPORATIONS			
Principal Place		S	Mailing Address			DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA			
402 JENKS AVENUE Panama City, FL 32401			1192 VILLAGE COVE ATLANTA, GA 30319			} 	•		
		<u> </u>					1 <b>8 1818:</b> 1 <b>9</b> 11. <b>98</b> 111 <b>58</b> 111 <b>68</b> 111 <b>58</b> 111	1631. HEN 1114 HEG IE	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.  City & State			04262005		CR2E101 (6/04)	
City & State			Zip Country		A	4. FEI Numb 58-250		No	plied For t Applicable
Zip	6. Name and Address of Current I					5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent			
	o. Name	and Address of Current P			Name	7. Haine and Address of New Hegisteled Agent			
GIOIELLO 404 JENKS		E			Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY, FL 32401									
					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 the obligations of registered point.									and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or (unterchange of resistance agent and title if applicable. (NOTE: Registered Agent algenture required when reinstating)  DATE									
FILE	NOWIII	FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBER			RS/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE	MEM		Delete TITLE		E	Addition			
NAME	ì	EEZE EXPOSITION, LLC		KE .	2000542025999 (Addition 05/10/0501034013 **235.00				
STREET ADDRESS   CITY-ST-ZIP	I	.EVAR MENOR OLA BEACH, FL 32561						EET ADDRESS   r-st-zip	
TITLE	1 27.07.0	02/10/1/12 02001	☐ Delete	TITL		☐ Change ☐ Addition			
NAME			NAI						
STREET ADDRESS CITY-ST-ZIP	·			1	EET ADDRESS (-ST-ZIP				
TITLE	☐ Delete			TITL	E	Shange Addition			
NAME			N/			05-40 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			
STREET ADDRESS CITY-ST-ZIP	_				EET ADDRESS (-ST-ZIP	00/ 10/ 08 Opt 014 014 1 *****************************			
TITLE	]		☐ Delete	TITL	L			☐ Change	☐ Addition
NAME STREET ADDRESS				NAM Stri	EET ADDRESS				
CITY-ST-ZIP					r-st-zip				
TITLE			☐ Detete	III	1			Change	Addition
NAME STREET ADDRESS			NAMI Stre		NE EET ADDRESS				
CITY-ST-ZIP	ļ				/-ST-ZIP				İ
TITLE	1		☐ Delete	IIIL	E			☐ Change	Addition
NAME ADDRESS				NAM CTO		ICTA'	TEMEMY	0.001	<b>ン</b>
CITY-ST-ZIP	NAME STREET ADDRESS ITY-ST-ZIP  NAME STREET ADDRESS ENSTATEMENT 2004 -05								2
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:  SIGNATURE AND TYPE DESCRIPTION NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE  Outs  Objection Proof of									006