


L98000002440

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 17 PM 1:06

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06/23/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98000002440			
1. Limited Liability Company's Name Back Nine Management LLC			
2. Principal Office Address 1253 Heyman Lane Suite, Apt. #, etc.		3. Mailing Office Address 1253 Heyman Lane Suite, Apt. #, etc.	
City & State Alexandria, LA		City & State Alexandria, LA	
Zip 71303	Country USA	Zip 71303	Country USA
4. State/Country of Formation Florida Palm Beach County		5. Date Organized or Qualified To Do Business in Florida 10-26-98	
6. FEI Number 65-0288872		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE INSTRUCTIONS REQUIRED FOR A Certificate of Status</small>			
8. Name and Address of Current Registered Agent			
Name Barbara K. Sommers			
Street Address (P.O. Box Number is Not Acceptable) 380 Columbia Drive			
Suite, Apt. #, Etc. Suite 111			
City West Palm Beach		State FL	Zip Code 33409
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent Barbara K. Sommers		Date 5-19-04	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	John E. Britt	1253 Heyman Lane	Alexandria, LA 71303
			200038012612
			06/16/04--01040--003 **100 00
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager John E. Britt		Date 5/26/04	Daytime Phone # 318792-2792
Typed or printed name of signing Managing Member/Manager John E. BRITT			

242

John E. Britt M.D.
1253 Heyman Lane
Alexandria, LA 71303

26 May 2004

Florida Secretary of State
401 East Gaines Street
Tallahassee, Florida 32399

Re: Back Nine Management LLC
Document #L985000002440

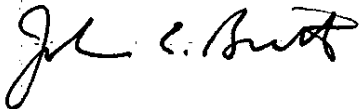
To Whom It May Concern:

This letter is to provide to you payment in arrears, for fees due to bring to active status the above noted Florida Limited Partnership. Enclosed is my check for \$100.00.

Additionally, by this letter I request abatement of penalties. I request abatement of penalties as I have relocated from Stuart, Florida to Alexandria, Louisiana and the Notices regarding Annual Fees as due have never been forwarded to me. Enclosed is the completed reinstatement form. My correct address is noted above.

Your kind attention and cooperation with this request are greatly appreciated.

Sincerely,



John E. Britt

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