

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 19 AM 10:47

DOCUMENT # L99000002298

1. Entity Name
CENTENNIAL AMERICAN PROPERTIES-FLORIDA, L.L.C.



Principal Place of Business
3105 SAWGRASS VILLAGE CIRCLE
PONE VEDRA BEACH, FL 32082

Mailing Address
3105 SAWGRASS VILLAGE CIRCLE
PONE VEDRA BEACH, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

59-3574998

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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

Charles V. Hedrick

CHARLES V. HEDRICK, Authorized Signatory

10/14/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CENTENNIAL AMERICAN REAL ESTATE, LTD
STREET ADDRESS 131 FALLS ST, STE 100
CITY-ST-ZIP GREENVILLE, SC 29601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500060772705
CITY-ST-ZIP 10/19/05--01042--012 **150.00

TITLE MGRM ☐ Delete
NAME CENTENNIAL AMERICAN PROPERTIES, LLC
STREET ADDRESS 131 FALLS ST, STE 100
CITY-ST-ZIP GREENVILLE, SC 29601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David W. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #