


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 10 AM 8:18

<b>DOCUMENT # L99000004014</b> 1. Entity Name PASCO RECREATIONAL PROPERTIES, LLC			
Principal Place of Business 15000 US HIGHWAY 301 N. DADE CITY, FL 33523		Mailing Address POST OFFICE BOX 97 DADE CITY, FL 33526	
2. Principal Place of Business 15000 Citrus Country Dr. Suite, Apt. #, etc. Suite 202 City & State Dade City, FL Zip 33523-2401		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3583662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03242006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent REESE, BEN 15000 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523-2401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15000 Citrus Country Dr. Suite 202 City Dade City, FL Zip Code 33523-2401	
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 <u>BEN REESE</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>BEN REESE</u> <u>03/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$200.00</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILJOEN, GARY 15000 US HIGHWAY 301 N. DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2101 Chestnut Forest Dr. Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINTON, JOHN 15000 US HIGHWAY 301 N. DADE CITY, FL 33523	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 800073721808 05/02/06--01046--003 **200.00
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 REINSTATEMENT 05-06
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>GARY VILJOEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>04/10/06</u> <u>813-301-4606</u> <small>Date Daytime Phone #</small>	