


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:14

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000007297

1. Limited Liability Company's Name  
PEYTON PLACE PROPERTIES, L.L.C.

2. Principal Office Address <u>1370 Neptune Road</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>KISSIMMEE FL</u>		City & State <u>''</u>	
Zip <u>34744</u>	Country <u>USA</u>	Zip <u>''</u>	Country

CR2E041 (8/05)

4. State/Country of Formation  
FL US

5. Date Organized or Qualified To Do Business in Florida  
10/29/99

6. FEI Number  
593607649

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Cheryl McCuiston

Street Address (P.O. Box Number is Not Acceptable)  
1370 NEPTUNE ROAD

Suite, Apt. #, Etc.

City KISSIMMEE

State <u>FL</u>	Zip Code <u>34744</u>
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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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MANAGER</u>	<u>Cheryl McCuiston</u>	<u>1370 Neptune Rd</u>	<u>KISSIMMEE, FL</u> <u>34744</u>

8100081558558  
11/09/06--01033--004 \*\*100.00

**REINSTATEMENT**  
05-06

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 Cheryl McCuiston Date 11/7/06 Daytime Phone # 407847.3088

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

Greetings -

11/7/6

I did not receive my notice for  
annual report.

Must have gone to old address.

Thank you.

Cheryl

Please find enclosed application  
& check.