-		A	OF FRANCE	- COURT DED	NESS CONTE		CU.FD. 14.14.		
LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Katherine Harris						and the second	FILED		
	OMPAN	(S)(3)(3)			ary of State		DI DEC 18 PM 2	2: 36	
REIN	NSTATEN	MENT VE			CORPORATIONS		* *		
DOC	DOCUMENT# MOCOCOCO 404						SECRETARY OF STALL AHASSEE, FLO	TATE ORIDA	
1. Limited	الاستار Liability Com								
1. Limited Liability Company's Name Eagle Ridge Development ASSOCIATES, LLC									
2. Principa	al Office Addre	ress		3. Mailing Office Addre	ess	4		•	
		e Buffum Rd	East	8720 His	and the second s	4. State/Cou	untry of Formation		
Suite, Apt. #	#, etc.	, NOV.		Suite, Apt. #, etc.		FI	lovida	-	
	·		!		·	5. Date Organ To Do Bus	enized or Qualified siness in Florida	lan	
City & State		<u> </u>]	City & State		6. FEI Number	9/1/	7/99	
Ft.	May		<u>L'</u>	WoodTuff	5.6.	5,	7-1089747	Applied For Not Applicable	
Zip	1	Country		Zip	Country	7.	\$5	5.00 Additional Fee required	
33 E	341			29388	Sportanburg		TE OF STATUS DESIRED [for a Certificate of Status	
*			· · · · · · · · · · · · · · · · · · ·	8. Name and /	Address of Current Registe	ared Agent			
	Name W	1: hael	\mathcal{H}_{ϵ}	Low		41	 300047396	664-L9	
	Street Adr	Idress (P.O. Box Num	nber is No	ot Acceptable)	1 = +		-12/26/0101	109100	
	7.7.	35 Late	<u>. 15 c</u>	offin Ro	d East		****150.00	****150 00	
	Suite, Apt.	#. Elc.			· · · · · · · · · · · · · · · · · · ·			1 /	
	City /	Meade.	• :	-			State Zip Code FL 33 84/	/	
9. 1. being	appointed th		of the abe	we named limited liability	company, am familiar with ar	nd accept the oblig:			
9. It 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		10 -	RE	GISTERED AGENT MUST	TOION		Date/2///0/	<u>′</u>	
· A · Name	Charle				1 SIGN				
	s and Street	t Addresses of Manag	· · · · · · · · · · · · · · · · · · ·	ibers/Managers	Complete of Fe		т.		
Titles	ļ	Managing Members		irs .	Street Address of Eac Managing Member/Man		City / Sta	ste / Zip	
nox	- Jan	ias R. R	عبير	23	5 Polle Kd		Inwan, JC	79349	
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all fees	nis reinstateme	nent application the re e limited tiability comp	reason for c	' dissolution has been elimi	Unaled The limited liability con	maanu aama eatich	ided for in chapter 608, F.S. 1 fulfies the requirements of section arate, and my signature shall have	- 000 100 50	
Signature of Managing M	if Member/Mana	ager _	\mathscr{L}		Date	112/01	Daytime Phone # 864-5	183-1800	
	unted some of	of signing Managing t	Member/M	Manager_ Jam	B. Rog	pers			

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURM.