

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
M0100002274
APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV 26 AM 11:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M0100002274
Name and Mailing Address

0007827 01 FP 0.352 **PRSRT T4 0 0615 35243-420499
EMERALD COAST MOB MANAGER, L.L.C.
1900 INTERNATIONAL PARK DR.
BIRMINGHAM AL 35243-4204



2. New Mailing Address 2204 Lakeshore Drive, Suite 215 City, State, Zip Birmingham, AL 35209		4. State/Country of Formation AL	
Principal Place of Business 1900 INTERNATIONAL PARK DR. BIRMINGHAM AL 35243		5. Date Organized or Qualified To Do Business in Florida 10/05/2001	
3. New Principal Place of Business Address 2204 Lakeshore Drive, Ste 215 City, State, Zip Birmingham, AL 35209		6. FEI Number 63-1281245 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

CR2E084 (8/02)

10. 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: Dale W. Morris
DALE W. MORRIS
ASSISTANT VICE PRESIDENT
Date: 11-25-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHNSON DEVELOPMENT, L.L.C.	1900 INTERNATIONAL PARK DR.	BIRMINGHAM AL 35243
			400009228604 11/25/02--01084--002 **150.00
			REINSTATEMENT 2002 JB

12. 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: [Signature]
Date: 11/22/02 Daytime Phone #: 205-967-2310
Typed or printed name of signing Managing Member/Manager



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

November 21, 2002

Divisions of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Emerald Coast MOB Manager, LLC

To Whom It May Concern:

Enclosed is the Application for Reinstatement for the 2002 uniform business report.

If you need additional information or have questions, please call me at (205) 967-2310.

Sincerely,

Tina White, CPA

Tina White, CPA
Comptroller