

M0100002274

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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



<b>2. New Mailing Address</b> 2204 Lakeshore Drive, Suite 215 City, State, Zip Birmingham, AL 35209		<b>4. State/Country of Formation</b> AL	
Principal Place of Business 1900 INTERNATIONAL PARK DR. BIRMINGHAM AL 35243		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/05/2001	
<b>3. New Principal Place of Business Address</b> 2204 Lakeshore Drive, Ste 215 City, State, Zip Birmingham, AL 35209		<b>6. FEI Number</b> 63-1281245	
		Applied For Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

CR2E084 (8/02)

<b>8. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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  
 REGISTERED AGENT MUST SIGN

Date: 11-25-02

**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			
<b>REINSTATEMENT 2002</b> 			

**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