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LIMITED LIABILITY REINSTATEMENT

SANTA ROSA II, LLC

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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000001933			
1. Entity Name SANTA ROSA II, LLC			
Principal Place of Business 4001 PRESIDENTIAL PARKWAY, SUITE 1512 ATLANTA, GA 30340		Mailing Address 4001 PRESIDENTIAL PARKWAY, SUITE 1512 ATLANTA, GA 30340	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283		5. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
6. 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  (Signature, typed or printed name of registered agent is OK if applicable)		Jeffrey D. Butterfield Assistant Secretary DATE 10/16/06 (NOTE: Registered Agent signature is required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOHOURI, FRED S 4001 PRESIDENTIAL PARKWAY, SUITE 1512 ATLANTA, GA 30340 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 10/13/06 678-597-1303 Date Day/Mo/Yr Phone #	