

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000001933

Entity Name: SANTA ROSA II, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4001 PRESIDENTIAL PARKWAY, SUITE 1512
ATLANTA, GA 30340

New Principal Place of Business:

440 BAYFRONT PARKWAY
PENSACOLA, FL 30502

Current Mailing Address:

4001 PRESIDENTIAL PARKWAY, SUITE 1512
ATLANTA, GA 30340

New Mailing Address:

440 BAYFRONT PARKWAY
PENSACOLA, FL 30502

FEI Number: 20-1138001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WOODWARD,, MARK J
3200 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103 US

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.

SIGNATURE: MARK J. WOODWARD

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZOHOURI, FRED S
Address: 4001 PRESIDENTIAL PARKWAY, SUITE 1512
City-St-Zip: ATLANTA, GA 30340

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: INPRO, LLC,
Address: 440 BAYFRONT PARKWAY
City-St-Zip: PENSACOLA, FL 30502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE O. RETHATI

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date