

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000005646

1. Entity Name
110-340 STEVENS ST., LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -8 AM 9:27

Principal Place of Business 162 BARLOW ROAD KETCHUM, ID 83340	Mailing Address 162 BARLOW ROAD KETCHUM, ID 83340
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2. Principal Place of Business	3. Mailing Address HC 64 Box 8288
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10122005 REIN-LLC CR2E101 (6/04)

City & State Ketchum, ID		4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Zip 83340	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

POWELL, JAMES N
ONE PROGRESS PLAZA, SUITE 1210
BANK OF AMERICA TOWER
ST. PETERSBURG, FL 33701

727-898-9011

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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 *James N. Powell* DATE 11-2-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTENSEN LIMITED PARTNERSHIP HC 64 BOX 8288 KETCHUM, ID 83340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061253916 11/08/05--01039--003 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James N. Powell* Date 10/27/05 (208) 725-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE