

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 12 PM 2:52

<b>DOCUMENT # M05000000815</b> 1. Entity Name LONG POINTE, LLC					
Principal Place of Business 630 RICHMOND HILL DRIVE MACON, GA 31210			Mailing Address 630 RICHMOND HILL DRIVE MACON, GA 31210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>PO Box 27507</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Macon, Ga.</i>		4. FEI Number 20-1849550	
Zip		Zip <i>31221</i>		Country <i>U.S.A.</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CFRA, LLC 4221 WEST BOY SCOUT BLVD. TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>10/8/07</i>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$200.00</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINEBERGER, LEE 630 RICHMOND HILL DRIVE MACON, GA 31210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110746097 10/12/07--01067--024 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> DATE: <i>10/8/07</i>					