

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000001076

FILED
Oct 23, 2006
Secretary of State

Entity Name: FIRST COAST PROPERTIES, LLC

Current Principal Place of Business:

12 W. MESQUITE BLVD., STE. 108
MESQUITE, NV 89027

New Principal Place of Business:

Current Mailing Address:

12 W. MESQUITE BLVD., STE. 108
MESQUITE, NV 89027

New Mailing Address:

FEI Number: 80-0124561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEEL, CHRISTINA M
1035 S. MOODY RD.
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

KEEL, CHRISTINA M
1594 MAJESTIC VIEW LANE
ORANGE PARK, FL 32003 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: CHRISTINA KEEL

10/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEEL, CHRISTINA M
Address: 1035 S. MOODY RD.
City-St-Zip: PALATKA, FL 32177

Title: MGR () Delete
Name: KEEL, JOSEPH K
Address: 1035 S. MOODY RD.
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KEEL, CHRISTINA M
Address: 1594 MAJESTIC VIEW LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR (X) Change () Addition
Name: KEEL, JOSEPH K
Address: 1594 MAJESTIC VIEW LANE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINA KEEL

MGR

10/23/2006

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