

FILED

OCT-05-2007 15:56 FROM: FALLER AND CREASY, PC 4043656997

TO: 678 584 9990 AM 8:05 10/02/2007

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT # M05000003617**

1. Entity Name  
DESTIN EXCHANGE, L.L.C.

Principal Place of Business  
3700 CRESTWOOD PARKWAY, SUITE 900  
DULUTH, GA 30096

Mailing Address  
3700 CRESTWOOD PARKWAY  
SUITE 900  
DULUTH, GA 30096

2. Principal Place of Business - No P.O. Box #  
2055 N. BROWN RD  
Suite, Apt. #, etc.  
STE. 225  
City & State  
LAWRENCEVILLE, GA  
Zip  
30043  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
10052007 REIN-LLC CR2E101 (1/07)  
City & State  
4. FRI Number  
42-2604718  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
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 *Connie Bryan* **CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

FILE NOW!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

D. MANAGING MEMBERS/MANAGERS		E. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABERNATHY, THOMAS L 3700 CRESTWOOD PARKWAY, SUITE 900 DULUTH, GA 30096 <input checked="" 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	MGR ABERNATHY, THOMAS L 2055 N. BROWN RD STE 225 LAWRENCEVILLE GA 30043 <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
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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: *Thomas L. Abernathy* 10/08/07 678-584-9990

Florida Department of State  
Division of Corporations  
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**DESTIN EXCHANGE, L.L.C.**

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