


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 AM 9:09

<b>DOCUMENT # M96000000462</b> 1. Entity Name <b>SAFEMARK MANAGERS, LLC</b>					
Principal Place of Business <b>303 PEACHTREE STREET, N.E., SUITE 4100 ATLANTA, GA 30308</b>			Mailing Address <b>303 PEACHTREE STREET, N.E., SUITE 4100 ATLANTA, GA 30308</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10202004 REIN-LLC CR2E101 (6/04)	
4. FEI Number <b>58-2269002</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>Barbara A. Burke</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>BARBARA A. BURKE</b> <b>SPECIAL ASSISTANT SECRETARY</b>		DATE <b>1-5-05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDS, JAMES C 303 PEACHTREE STREET, N.E., SUITE 4100 ATLANTA, GA 30308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043534112 03/15/05--01050--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDS CAPITAL FUND, L.P. 303 PEACHTREE STREET, N.E., SUITE 4100 ATLANTA, GA 30308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043534112 12/20/04--01064--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 04-05</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date _____ Daytime Phone # _____		