2006 LIMITED LIABILITY COMPANY REINSTATEMENT

| REINSTATEMENT | | | | | FILED | | |
|---|--|---|---|---|--|--------------------------------|----------------------------|
| DOCUMENT # M98000000329 | | | | DIVISION | TARY OF STATE OF CORPORATION | ามด | |
| 1. Entity Name ESL PROPERTIES, L.L.C. | | | | F2733 1 | | | |
| LOCI NOI ENTILO, E.E.O. | | | | OP DEC | 12 AM 9:19 |) | |
| D-iII Dra- | a of D. views | Mailian Address | 200 | | | | |
| Principal Place 6222 KATHY | | Mailing Address 7110 UNV DRIVE APT 20 | 2 | | | | |
| SHREVEPOR | | SHREVEPORT, LA 71105 | | ر الم | | | |
| | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. 6305 Querbes Dr | | Suite, Apt. #, etc. 6305 Querbes Dr. | | · | REIN-LLC CR | 2E101 (11/05) | |
| Shreveport LA. | | City & State Shreveport LA. | | 4. FEI Number 72-14007 | 25 | | plied For t Applicable |
| Zip 7/10 | Country USA | Zip 71106 | Country USIA | 5. Certificate of | Status Desired | \$5.00 Add Fee Require | |
| | 6. Name and Address of Current R | tegistered Agent | None | 7. Name and Ac | Idress of New Register | ed Agent | |
| BUSH, LAWRENCE P | | | | Name Helen Padawer | | | |
| | HEAST EGLIN PARKWAY | Stre | | Address (P.O. Box Number is Not Acceptable) | | | |
| FORT WALTON BEACH, FL 32548 | | | .3 | 3899 Mesa Road | | | |
| | | | City | Destin | | Zip Code | 41 |
| 8. The above named entity subprits 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 | | | | Make check payable to Florida Department of State | | | |
| 9. | MANAGING MEMBER | S/MANAGERS | 10. | | ADDITIONS/CHANG | 3ES | |
| TITLE | MGRM | ₩ Delete | TITLE | MERM | 101/ 0 0 - 11 | ☐ Change | Addition |
| NAME Street address | COLQUITT, ETHEL K | | NAME STREET ADDRESS | SUSAN C. M. | els Dr. | | |
| CITY-ST-ZIP | SHREVEPORT, LA 71105 | | CITY-ST-ZIP | Shreveport | | 6 | |
| TITLE | | ☐ Delete | MITE. | MERM | | ☐ Change | Addition Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | LINDA C. TI 7 WINDWAR | B ROAD | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Fort Worth | TexAS 7 | 6132 | |
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| NAME STREET ADDRESS | | i | RAME | 4.5 14.5 15 | e oroze ota | **150.0 | DD (|
| | Į. | | STREET ADDRESS | 12/12/0 | p0104201 | r resourt | |
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| | | ☐ Delete | CITY-ST-ZIP | 12/12/9 | —————————————————————————————————————— | | ☐ Addition |
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