



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:19

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # M98000000329 1. Entity Name ESL PROPERTIES, L.L.C. | | | |  | |
| Principal Place of Business 6222 KATHY LANE SHREVEPORT, LA 71105 | | | | Mailing Address 7110 UNV DRIVE APT 202 SHREVEPORT, LA 71105 | |
| 2. Principal Place of Business Suite, Apt. #, etc. 6305 Querbes Dr | | 3. Mailing Address Suite, Apt. #, etc. 6305 Querbes Dr. | |  | |
| City & State Shreveport LA. | | City & State Shreveport LA. | | 4. FEI Number 72-1400725 | |
| Zip 71106 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUSH, LAWRENCE P 150 NORTHEAST EGLIN PARKWAY FORT WALTON BEACH, FL 32548 | | | | 7. Name and Address of New Registered Agent Name <u>Helen Padawer</u> Street Address (P.O. Box Number is Not Acceptable) <u>3899 Mesa Road</u> City <u>Destin</u> FL <u>32541</u> | |
| 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 <u>Helen Padawer</u> DATE <u>12-01-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COLQUITT, ETHEL K 6222 KATHY LANE SHREVEPORT, LA 71105 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SUSAN C. MCKIBBEN 6305 Querbes Dr. Shreveport LA 71106 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LINDA C. TAYLOR 7 WINDWARD ROAD Fort Worth, TEXAS 76132 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200082480412 12/12/06--01045--014 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM [REDACTED] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [REDACTED] 2006 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM [REDACTED] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [REDACTED] | <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: <u>Susan C. McKibben</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>11/28/2006</u> Daytime Phone # <u>318-861-7868</u> | | |