MAY-20-2004 16:08 CT CORPORATION P.02/02

M99000001504

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 20 AM 11:24

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001504

1. Limited Liability Company's Name
River Hills Manager, LLC

2. Principal Office Address		3. Mailing Office Address	
2101 6th Avenue North		2101 6th Avenue North	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35202	County Jefferson	Zip 35202	Country Jefferson

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09/22/1999

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. & Etc.:
City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT Date 5/20/2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Thomas H. Lowder	2101 6th Avenue North Suite 750	Birmingham, AL 35203
MGR	John P. Rigrish	2101 6th Avenue North Suite 750	Birmingham, AL 35203

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date 5/20/2004 Daytime Phone # 205-250-8798

Typed or printed name of signing Managing Member/Manager: John P. Rigrish

FL019 - 11/03/03 CT System Online

TOTAL P.02

REINSTATEMENT 00-04 /m

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000110026 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

RECEIVED
04 MAY 20 AM 7:24
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

RIVER HILLS MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$350.00

Electronic Filing Menu Corporate Filing Public Access Help