

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010626

1. Limited Liability Company's Name
FULHAM/SABAL PROPERTIES, LLC

[Handwritten Signature]

2. Principal Office Address
562 Marsh Creek Road

3. Mailing Office Address
c/o Underwood & Roberts

4. State/Country of Formation
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.
537 East Park Avenue

5. Date Organized or Qualified To Do Business in Florida
8/31/2000

City & State
Venice Florida

City & State
Tallahassee Florida

6. FEI Number
65-1040805

Applied For
Not Applicable

Zip
34292

Country
USA

Zip
32301

Country
USA

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ROBERT L. UNDERWOOD

200041608322
10/05/04--01064--002 **250.00

Street Address (P.O. Box Number is Not Acceptable)
537 East Park Avenue

Suite, Apt. #, Etc.

200041608322
10/05/04--01064--003 **5.00

City
Tallahassee

State
FL

Zip Code
32301

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

[Handwritten Signature]

Date
8/4/04

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 | ROBERT L. UNDERWOOD | 537 East Park Avenue | Tallahassee FL 32301 |
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REINSTATEMENT 2002-2004

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

[Handwritten Signature]

Date
8/4/04

Daytime Phone# (919) 664-8803

Typed or printed name of signing Managing Member/Manager
ROBERT L. UNDERWOOD

CR2E041 (10/02)