2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

DOCUMENT # L03000055127

1. Entity Name
MVC MARINA PROPERTIES, LLC

Principal Place of Business	Mailing Address
252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949	252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949

2. Principal Place of Business	3. Mailing Address
2350 old Dixie Hwy Suite, Apt. #, etc.	2350 old Dixie Hwy Suite, Apt. #, etc.
City & State: ft. Pierce FL	City & State: ft. Pierce FL
Zip: 34946 Country: USA	Zip: 34946 Country: USA

10182005 REIN-LLC CR2E101 (6/04)

4. FEI Number: 20-0538392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONCANNON, MURIEL V 252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949	Name: Muriel V. Concannon Street Address (P.O. Box Number is Not Acceptable): 2350 old Dixie Hwy City: ft. Pierce FL Zip Code: 34946

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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	MGR CONCANNON, MURIEL V 252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGR Concannon, Muriel V. 2350 old Dixie Hwy ft. Pierce, FL 34946
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200060852752 10/21/05--01026--009 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: attorney in fact 10-18-05 772 489 4901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #