

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2005
Secretary of State

DOCUMENT# L04000045052

Entity Name: BEACHPOINTE HOMES, L.L.C.

Current Principal Place of Business:

1096 SCENIC GULF DRIVE
UNIT 911
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65122
BATON ROUGE, LA 70896 US

New Mailing Address:

FEI Number: 71-0968194 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOWD, JOHN R JR.,
285 HIGHWAY 98 EAST
SUITE A-2
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

CARTER, JEANNE M
10065 EMERALD COAST PARKWAY
SUITE A-101
DESTIN, FL 32550 US

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.

SIGNATURE: JEANNE M CARTER

10/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, THEODORE (TED) L
Address: P.O. BOX 65122
City-St-Zip: BATON ROUGE, LA 70896 US

Title: MGRM () Delete
Name: FITZPATRICK, DANIEL J
Address: 8770 FITZPATRICK LANE
City-St-Zip: ROCHESTER, MN 55901 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL J FITZPATRICK

MGRM

10/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date