
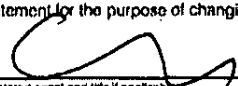
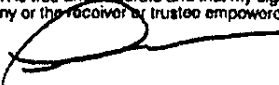


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 APR -7 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000038402 1. Entity Name MARINA AT CAPE HAZE, LLC		
Principal Place of Business 2390 CATTLEMAN RD SARASOTA, FL 34232		Mailing Address 422 EAST COUNTY RD D LITTLE CANADA, MN 55117
2. Principal Place of Business - No P.O. Box # 2033 Main Street	3. Mailing Address 4999 France Avenue S.	
Suite, Apt. #, etc. STE 600	Suite, Apt. #, etc. STE 248	
City & State Sarasota, FL		City & State Minneapolis, MN
Zip 34237	Country USA	Zip 55410
Country USA		Country USA
4. FEI Number 20-2704229		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03302009 REIN-LLC CR2E101 (1/07)
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 9040 TOWN CENTER PARK BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Charles J. Bartlett Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street STE 600 City Sarasota FL Zip Code 34237
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: 3/31/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$277.50 + 5.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, JEFFREY A 418 EAST COUNTY RD D LITTLE CANADA, MN 55117	10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPITAL SOLUTIONS MONTHLY INCOME FUND, L.P. 4999 France Avenue South STE 248 Minneapolis, MN 55410	300148973493 04/07/09--01030--019 **282.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09	08-09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	08-09	08-09
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 606, Florida Statutes.		
SIGNATURE: 		DATE: 3/30/09
Signature and typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone #: 952.358.6120