

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -6 PM 2:42

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000076992

1. Limited Liability Company's Name

CAPE HAZE MARINA, LLC

REINSTATEMENT *DB09 83M*

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2033 Main Street		3. Mailing Office Address 4999 France Avenue South	
Suite, Apt #, etc Suite 600		Suite, Apt #, etc. STE 248	
City & State Sarasota, FL		City & State Minneapolis, MN 55410	
Zip 34237	Country USA	Zip 55410	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 08/04/2005	
6. FEI Number 20-3401282	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent

Name
Charles J. Bartlett

Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street

Suite, Apt. #, Etc.
Suite 600

City
Sarasota

State
FL

Zip Code
34237

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *[Signature]* Date 3/31/09

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	Capital Solutions Monthly Income Fund	4999 France Avenue South STE 248	Minneapolis, MN 55410

200148973082
04/07/09--01030--017 **282 50

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 608.405, 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 03/30/09 Daytime Phone# 952.358.6120

Typed or printed name of signing Managing Member/Manager Todd A. Duckson, Chief Manager