

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 08, 2007
Secretary of State**

DOCUMENT# L06000003080

Entity Name: EGG HARBOR, LLC

Current Principal Place of Business:

730 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

730 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 03-0577648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MINCK, LINDA R ESQ.
5801 PELICAN BAY BLVD.
SUITE 300
NAPLES, FL 341082709 US

Name and Address of New Registered Agent:

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: ELAINE GARNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: DERNBACH, PAUL
Address: 730 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34102

Title: DR () Change (X) Addition
Name: COLON, GARY
Address: 730 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34102

Title: DR () Change (X) Addition
Name: BAKER, MATTHEW
Address: 730 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34102

Title: DR () Change (X) Addition
Name: CAMPBELL, JOHN
Address: 730 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34102

Title: DR () Change (X) Addition
Name: JUSTIZ, WILLIAM
Address: 730 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL DERNBACH

DR

10/08/2007

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