2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# L02000021791

Entity Name: COMO PROPERTIES, LLC

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD., SUITE 250
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2925 PGA BLVD
SUITE 200
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

1645 PALM BEACH LAKES BLVD., SUITE 250
WEST PALM BEACH, FL 33401

New Mailing Address:

2925 PGA BLVD
SUITE 200
PALM BEACH GARDENS, FL 33410

FEI Number: 43-1971573 **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:

ARMOUR, ALAN I II
2925 P G A BLVD
STE 200
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 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: ALAN I ARMOUR II 09/21/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	RICCI, EDWARD M	
Address:	19670 LOXAHATCHEE RIVER RD	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGRM	( ) Delete
Name:	RICCI, MARY E	
Address:	19670 LOXAHATCHEE RIVER	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGRM	( ) Delete
Name:	LEOPOLD, THEODORE J	
Address:	85 SANDBOURNE LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	LEOPOLD, ROSLYN	
Address:	85 SANDBOURNE LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	HASS, BRIAN	
Address:	2165 RADNOR RD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	MGRM	( ) Delete
Name:	HASS, ANDREA	
Address:	2165 RADNOR RD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: EDWARD M. RICCI MGRM 09/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date