

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000066563

**FILED**  
**Oct 31, 2006**  
**Secretary of State**

**Entity Name:** GRAND OAKS ESTATES OF TAYLOR COUNTY, LLC

**Current Principal Place of Business:**

8205 NORTHWEST 91ST TERRACE  
TAMARAC, FL 33321

**New Principal Place of Business:**

930 S STATE RD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

8205 NORTHWEST 91ST TERRACE  
TAMARAC, FL 33321

**New Mailing Address:**

930 S STATE RD 7  
PLANTATION, FL 33317

**FEI Number:** **FEI Number Applied For (X)** **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:**

WEINTRAUB, PETER  
2650 NORTH MILITARY TRAIL  
SUITE 150  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

SCHIRRIPA, TIM  
930 S STATE RD 7  
PLANTATION, FL 33317 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: TIM SCHIRRIPA

10/31/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SYNERGY FINANCIAL, L, LC  
Address: 930 SOUTH STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: SCHIRRIPA, TIMOTHY D  
Address: 6675 NW 42 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY SCHIRRIPA

MGRM

10/31/2006

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