

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

02 JUN 14 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 000 000 12483

1. Limited Liability Company's Name

Grand Reserve Condominiums, LLC

2. Principal Office Address  
C/- JULIAN LECRAW & CO.  
1575 NORTHSIDE DRIVE

Suite, Apt. #, etc.

BLDG 100 SUITE 200

City & State

ATLANTA GA

Zip

30318

Country

USA

3. Mailing Office Address  
1575 NORTHSIDE DRIVE

Suite, Apt. #, etc.

BLDG 100 SUITE 200

City & State

ATLANTA GA

Zip

30318

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/13/2000

6. FEI Number

58-2576305

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Brian Courtney  
Asst. V. Pres.

Date 6-14-02

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	GEREE SUNCOAST LLC	1575 NORTHSIDE DRIVE BLDG 100 STE 200	ATLANTA GA 30318

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 608.406, 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

Date 6/12/02

Daytime Phone# 404.367.6039

Typed or printed name of signing Managing Member/Manager Stephen D. Broome

CR2E041 (9/01)