

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000015196

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** ROTONDA GOLF PARTNERS, LLC.

**Current Principal Place of Business:**

2758 KIMBERLEE LANE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

1198 LAGUNA CIRCLE  
ST CLOUD, FL 34771

**Current Mailing Address:**

2758 KIMBERLEE LANE  
KISSIMMEE, FL 34741

**New Mailing Address:**

1198 LAGUNA CIRCLE  
ST CLOUD, FL 34771

**FEI Number:** 59-3759004      **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:**

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

WILSON, KERRY M  
141 5TH ST NW  
LAKE REGION PLAZA  
WINTER HAVEN, FL 33883 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:** KERRY WILSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM ( ) Delete  
**Name:** STINE, WILLIAM  
**Address:** 2758 KIMBERLEE LANE  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** MGRM (X) Change ( ) Addition  
**Name:** STINE, WILLIAM  
**Address:** 1198 LAGUNA CIRCLE  
**City-St-Zip:** KISSIMMEE, FL 34771

**Title:** MGRM ( ) Delete  
**Name:** STINE, THOMAS  
**Address:** 1760 LEE JANZEN DR  
**City-St-Zip:** KISSIMMEE, FL 34744

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

**Title:** MGRM ( ) Delete  
**Name:** LANGLEY, BURTON  
**Address:** 1752 ST TROPEZ CT  
**City-St-Zip:** KISSIMMEE, FL 34744

**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:** BILL STINE

MGRM

10/12/2005

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