

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000005789

FILED
Jan 05, 2006
Secretary of State

Entity Name: INTRACOASTAL ESTATES, LLC

Current Principal Place of Business:

11419E WEST PALMETTO PARK ROAD
BOCA RATON, FL 33428

New Principal Place of Business:

9900A SW 18TH STREET
BOCA RATON, FL 33428

Current Mailing Address:

11419E WEST PALMETTO PARK ROAD
BOCA RATON, FL 33428

New Mailing Address:

9900A SW 18TH STREET
BOCA RATON, FL 33428

FEI Number: 03-0401975 **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:

CJM COMMUNITIES
11419E WEST PALMETTO PARK RD
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

CJM DEVELOPMENT INC
9900A SW 18TH STREET
BOCA RATON, FL 33428 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: MARY HICKEY

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, ARACELLI
Address: 11419E WEST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, ARACELLI
Address: 9900A SW 18TH STREET
City-St-Zip: BOCA RATON, FL 33428

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: ARACELLI BROWN

MGRM

01/05/2006

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