

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000011104

Entity Name: MINKER PROPERTIES, LLC

FILED  
Feb 20, 2008  
Secretary of State

**Current Principal Place of Business:**

5780 TAYLOR RD  
SUITE #1  
NAPLES, FL 34109

**New Principal Place of Business:**

1525 BONITA LANE  
NAPLES, FL 34102

**Current Mailing Address:**

5780 TAYLOR RD  
SUITE #1  
NAPLES, FL 34109

**New Mailing Address:**

1525 BONITA LANE  
NAPLES, FL 34102

FEI Number: 22-1409693      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:**

WOOD, DOUGLAS A ESQ  
SIESKY,PILON,& WOOD  
1000 TAMiami TRAIL NORTH STE.201  
NAPLES, FL 34102 US

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

WOOD, DOUGLAS A ESQ  
1000 TAMiami TRAIL NORTH STE.401  
NAPLES, FL 34102 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: DOUGLAS A. WOOD

02/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MINKER, CLARK T  
Address: 5780 TAYLOR RD  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MINKER, CLARK T  
Address: 1525 BONITA LANE  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify 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: CLARK T. MINKER

MGR

02/20/2008

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