

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 29 AM 8:25

DOCUMENT # L02000021358					
1. Entity Name FOX/FLORIDA CONDO, LLC					
Principal Place of Business 951 LINKSIDE WAY PUNTA GORDA, FL 33955			Mailing Address 951 LINKSIDE WAY PUNTA GORDA, FL 33955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	12082005 REIN-LLC CR2E101 (6/04)	
4. FEI Number 14-1872942				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LULL, DON 951 LINKSIDE WAY PUNTA GORDA, FL 33955			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>DON LULL</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Don Lull</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		12/22/05 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KETTLEY, EDWARD L SR. 2220 KINGS COURT GENEVA, IL 60134	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7 N310 Whispering Trail ST CHARLES IL 60174		000062471180 12/29/05--01028--010 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KETTLEY, SHARON H 2220 KINGS COURT GENEVA, IL 60134	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SAME AS ABOVE		REINSTATEMENT 2005			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>EDWARD L. KETTLEY SR</u> 12/20/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					