

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000019487

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Entity Name:** DILKS PROPERTIES MARTINIQUE, LLC

**Current Principal Place of Business:**

854 FAIRLAWN CT.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

854 FAIRLAWN CT.  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 20-0056701      **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:**

KEELEY, PETER L  
GRANT, FRIDKIN, PEARSON & CROWN, PA  
5551 RIDGEWOOD DR., STE 501  
NAPLES, FL 34108 US

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

DONALD, DILKS D  
854 FAIRLAWN CT  
MARCO ISLAND, FL 34145 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: DONALD DILKS

11/15/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DONALD, DILKS  
Address: 854 FAIRLAWN CT  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES:**

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: DONALD DILKS

MGR

11/15/2005

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