2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023183

FILED Oct 05, 2006 Secretary of State

Entity Name: THE MEADOWS AT CYPRESS GARDENS, L.L.C.

Current Principal Place of Business: New Principal Place of Business:

5890 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884

Current Mailing Address: New Mailing Address:

1320 N LAKE SHIPP DR. SW 5890 CYPRESS GARDENS BLVD SUITE 400 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33880

FEI Number: 20-0057088 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:

CASTLEBERG, BENJAMIN 1320 N LAKE SHIPP DR. SW SUITE 400 WINTER HAVEN, FL 33880 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: BEN CASTLEBERG

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

CASTLEBERG, BENJAMIN Name: Name: Address: 1320 N LAKE SHIPP DR. SW, SUITE 400 Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

CASTLEBERG, PHILIP Name: Name: Address: 1344 LONG HILL DR. Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: BEN CASTLEBERG 10/05/2006