

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000029049

Entity Name: JAYDEEP PROPERTIES, L.L.C.

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

8536 W. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 347471014

New Principal Place of Business:

Current Mailing Address:

8536 W. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 347471014

New Mailing Address:

FEI Number: 20-1014864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, ANUP B
8536 W. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 347471014 US

Name and Address of New Registered Agent:

SHAH, ANUP B
215 CELEBRATION AVE STE 500
CELEBRATION, FL 347471014 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: ANUP SHAH

05/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAH, ANUP B
Address: 8536 W. IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 347471014

Title: MGRM () Delete
Name: SHAH, HITA
Address: 8536 W. IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 347471014

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAH, ANUP B
Address: 215 CELEBRATION PLACE STE 500
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANUP SHAH

MGRM

05/10/2007

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