

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000031293

Entity Name: 1267 GRAND ISLE CT., LLC

**FILED**  
**Oct 27, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

800 FIFTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102

**New Principal Place of Business:**

5780 TAYLOR ROAD  
SUITE 1  
NAPLES, FL 34109

**Current Mailing Address:**

800 FIFTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102

**New Mailing Address:**

5780 TAYLOR ROAD  
SUITE 1  
NAPLES, FL 34109

FEI Number: 16-1680685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOOD, DOUGLAS A  
1000 NORTH TAMiami TRAIL  
SUITE 201  
NAPLES, FL 34102 US

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

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:

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MINKER, CLARK T  
Address: 800 FIFTH AVENUE SOUTH, SUITE 203  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MINKER, CLARK T  
Address: 5780 TAYLOR ROAD, SUITE 1  
City-St-Zip: NAPLES, FL 34109

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: CLARK T. MINKER

MGRM

10/27/2004

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