


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 19 PM 1:42

DOCUMENT # L03000031312 1. Entity Name LOT 23/25 ORANGE GROVE PARK, LLC					
Principal Place of Business 7064 TRADITION COVE LANE WEST WEST PALM BEACH, FL 33418			Mailing Address 7064 TRADITION COVE LANE WEST WEST PALM BEACH, FL 33418		
2. Principal Place of Business - No P.O. Box # 230 ATLANTIC AVENUE		3. Mailing Address 230 ATLANTIC AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM BEACH, FL		City & State PALM BEACH, FL		4. FEI Number 33-1087674	
Zip 33480		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELUCA, RUSSELL L 7064 TRADITION COVE LANE WEST WEST PALM BEACH, FL 33418				7. Name and Address of New Registered Agent Name DELUCA, RUSSELL L Street Address (P.O. Box Number is Not Acceptable) 230 ATLANTIC AVENUE City PALM BEACH FL Zip 33480	
8. The above is the obligor of the obligation. I am familiar with, and accept the obligation of the obligor in changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligor in changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligor in changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE: <i>Russell L. Deluca</i> <small>Signature typed or printed name of registered agent and title if applicable</small>				, RUSSELL L. DELUCA <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE: November 5, 2008				DATE	
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEKUCA, RUSSELL L 7064 TRADITION COVE LANE WEST WEST PALM BEACH, FL 33418			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELUCA, RUSSELL L 230 ATLANTIC AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Russell L. Deluca</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				, RUSSELL L. DELUCA, MANAGING MEMBER, NOV: 5, 2008 <small>Date Daytime Phone #</small>	