

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000033068

FILED
Oct 29, 2004
Secretary of State

Entity Name: MIRAGE WATERSCAPES, L.L.C.

Current Principal Place of Business:

242 S.W. HOMELAND ROAD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

1313 SE 1ST STREET
POMPANO BEACH, FL 33060

Current Mailing Address:

242 S.W. HOMELAND ROAD
PORT ST. LUCIE, FL 34953

New Mailing Address:

1313 SE 1ST STREET
POMPANO BEACH, FL 33060

FEI Number: 86-1080450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GIBBS, JESSICA J
242 S.W. HOMELAND ROAD
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

GIBBS, JESSICA J
1313 SE 1ST STREET
POMPANO BEACH, FL 33060 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: /JESSICA J. GIBBS/

10/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GIBBS, JESSICA J
Address: 242 S.W. HOMELAND ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIBBS, JESSICA J
Address: 1313 SE 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

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: /JESSICA J. GIBBS/

MGR

10/29/2004

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