

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 02, 2004**  
**Secretary of State**

DOCUMENT# L03000054794

Entity Name: 710 SPINNAKERS, LLC

**Current Principal Place of Business:**

710 SPINNAKERS REACH DR  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

710 SPINNAKERS REACH DR  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 20-0500572      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:**

HAY, JONATHAN L  
1548 LANCASTER TERR  
JACKSONVILLE, FL 32204      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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      GROSELL, BENJAMIN S  
Address:                      107 SOUTH ROSCOE BOULEVARD  
City-St-Zip:                      PONTE VEDRA, FL 32082

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: DAVID J. ISELBORN

CPA

12/02/2004

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