

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000004657

FILED
Nov 23, 2005
Secretary of State

Entity Name: CAPE CORAL LOT 100 - YAGEN, L.L.C.

Current Principal Place of Business:

2713 CORAL SHORES DRIVE
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

730 NW 7TH AVENUE
BOCA RATON, FL 33486

Current Mailing Address:

2713 CORAL SHORES DRIVE
FORT LAUDERDALE, FL 33306

New Mailing Address:

730 NW 7TH AVENUE
BOCA RATON, FL 33486

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

KEDEM, ILAN
2713 CORAL SHORES DRIVE
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

KEDEM, ILAN
730 NW 7TH AVENUE
BOCA RATON, FL 33486 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: ILAN KEDEM

11/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPE CORAL LOT INVES, TMENTS, L.L.C.
Address: 2713 CORAL SHORES DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPE CORAL LOT INVES, TMENTS, L.L.C.
Address: 730 NW 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

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: ILAN KEDEM

MGR

11/23/2005

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