

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000007840

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

**Entity Name:** LINKS AT VALLEY OAKS GOLF MANAGEMENT, LLC

**Current Principal Place of Business:**

127 N. MAGNOLIA AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

721 FRONT STREET  
UNIT 240  
CELEBRATION, FL 34747

**Current Mailing Address:**

127 N. MAGNOLIA AVE  
ORLANDO, FL 32801

**New Mailing Address:**

721 FRONT STREET  
UNIT 240  
CELEBRATION, FL 34747

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

WARONKER, DAVID  
127 N. MAGNOLIA AVE  
ORLANDO, FL 32801    US

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

WARONKER, DAVID  
721 FRONT STREET  
UNIT 240  
CELEBRATION, FL 34747    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: DAVID WARONKER

10/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: CBD DEVELOPMENT, INC. .  
Address: 803 BIRCHFIELD DR  
City-St-Zip: MT LAUREL, NJ 08054

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 WARONKER

MGRM

10/19/2005

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