

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000013070

FILED
Oct 13, 2005
Secretary of State

Entity Name: CORLEY ISLAND DEVELOPMENT, L.L.C.

Current Principal Place of Business:

552 S. HIGHWAY 27, SUITE A
CLERMONT, FL 34711

New Principal Place of Business:

552 S. HIGHWAY 27, SUITE A
MINNEOLA, FL 34715

Current Mailing Address:

552 S. HIGHWAY 27, SUITE A
CLERMONT, FL 34711

New Mailing Address:

552 S. HIGHWAY 27, SUITE A
MINNEOLA, FL 34715

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

SCHMID, JOHN D
552 S. HIGHWAY 27, SUITE A
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SCHMID, JOHN D
552 S. HIGHWAY 27, SUITE A
MINNEOLA, FL 34715 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: JOHN SCHMID

10/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHMID, JOHN D
Address: 552 S. HIGHWAY 27, SUITE A
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHMID, JOHN D
Address: 552 S. HIGHWAY 27, SUITE A
City-St-Zip: MINNEOLA, FL 34715

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: JOHN SCHMID

MGR

10/13/2005

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