2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# L04000021134

Entity Name: NEXUS CAPITAL PROPERTIES, LLC

Current Principal Place of Business:

13650 FIDDLESTICKS BLVD, STE 202-195
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

13650 FIDDLESTICKS BLVD, STE 202-195
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 04-3787857 **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:

PISARIS-HENDERSON, CRAIG A
11710 ROSEMOUNT DRIVE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

PISARIS-HENDERSON, CRAIG A
13650 FIDDLESTICKS BLVD.
STE 202-195
FORT MYERS, FL 33912 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: CRAIG A. PISARIS-HENDERSON 11/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PISARIS-HENDERSON, CRAIG A
Address: 11710 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PISARIS-HENDERSON, CRAIG A
Address: 13650 FIDDLESTICKS BLVD. STE 202-195
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRAIG A. PISARIS-HENDERSON MGR 11/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date