2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# L04000031732

Entity Name: SKIFF POINT OF CLEARWATER LLC

Current Principal Place of Business:

6151 LAKE OSPREY DRIVE, 3RD FLOOR
SARASOTA, FL 34240 US

New Principal Place of Business:

5342 CLARK ROAD
#186
SARASOTA, FL 34233 US

Current Mailing Address:

6151 LAKE OSPREY DRIVE, 3RD FLOOR
SARASOTA, FL 34240 US

New Mailing Address:

5342 CLARK ROAD
#186
SARASOTA, FL 34233 US

FEI Number: 20-1065150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

GREENE, MARC S
6151 LAKE OSPREY DRIVE, 3RD FLOOR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

GREENE, MARC S
5342 CLARK ROAD
#186
SARASOTA, FL 34233 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: MARC GREENE 10/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREENE, MARC S
Address: 6151 LAKE OSPREY DRIVE, 3RD FLOOR
City-St-Zip: SARASOTA, FL 34240 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREENE, MARC S
Address: 5342 CLARK ROAD, #186
City-St-Zip: SARASOTA, FL 34233 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: MARC GREENE MANA 10/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date