

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000036331

Entity Name: NASSAU DEVELOPERS, LLC

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
SUITE 25  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

4686 SUNBEAM ROAD  
SUITE 102  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

ONE SAN JOSE PLACE  
SUITE 25  
JACKSONVILLE, FL 32257

**New Mailing Address:**

4686 SUNBEAM ROAD  
SUITE 102  
JACKSONVILLE, FL 32257

FEI Number: 20-1127872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOUSTON, CLARENCE H JR  
1050 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 US

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

CELLAR, WILLIAM J  
4686 SUNBEAM ROAD  
JACKSONVILLE, FL 32256 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: WILLIAM J. CELLAR

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: CELLAR, WILLIAM J  
Address: ONE SAN JOSE PLACE SUITE 25  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: CELLAR, WILLIAM J  
Address: 4686 SUNBEAM ROAD, SUITE 102  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. CELLAR

P

02/07/2006

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