

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039170 1. Entity Name DUGGAN POND DEVELOPMENT GROUP, LLC			
Principal Place of Business 4399 COMMONS DRIVE 200 DESTIN, FL 32541		Mailing Address 4399 COMMONS DRIVE 200 DESTIN, FL 32541	
2. Principal Place of Business - No P.O. Box # 400 Kelly Plantation Dr		3. Mailing Address 400 Kelly Plantation Dr.	
Suite, Apt. #, etc. Suite 504		Suite, Apt. #, etc. Suite 504	
City & State Destin Florida		City & State Destin Florida	
Zip 32541		Zip 32541	
Country		Country	
4. FEI Number 20-2703541		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, TIMOTHY M 4399 COMMONS DRIVE 200 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Larry Becker, Sr. Street Address (P.O. Box Number is Not Acceptable) 400 Kelly Plantation Dr., Suite 504 City Destin, FL FL Zip Code 32541	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE March 19, 2009	
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK FAMILY PROPERTIES, LLC 4399 COMMONS DRIVE SUITE 200 DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTUNE PROPERTIES 4507 FURLING LANE #108 DESTIN, FL 32541	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT			
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:		Date 3/19/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	