

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000045007

FILED
Oct 18, 2007
Secretary of State

Entity Name: GAP COASTAL INVESTMENTS, LLC

Current Principal Place of Business:

1004 COLLIER CENTER WAY
SUITE 205
NAPLES, FL 34110

New Principal Place of Business:

1004 COLLIER CENTER WAY
SUITE 206
NAPLES, FL 34110

Current Mailing Address:

1004 COLLIER CENTER WAY
SUITE 205
NAPLES, FL 34110

New Mailing Address:

1004 COLLIER CENTER WAY
SUITE 206
NAPLES, FL 34110

FEI Number: **FEI Number Applied For (X)** **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:

COUNTS, RICHARD A
1004 COLLIER CENTER WAY
SUITE 205
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

COUNTS, RICHARD A
1004 COLLIER CENTER WAY
SUITE 206
NAPLES, FL 34110 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: RICHARD A. COUNTS

10/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARD, COUNTS A
Address: 1004 COLLIER CENTER WAY, SUITE 205
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICHARD, COUNTS A
Address: 1004 COLLIER CENTER WAY, SUITE 206
City-St-Zip: NAPLES, FL 34110

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: RICHARD A. COUNTS

MGR

10/18/2007

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