

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000046936

**FILED**  
**Oct 04, 2005**  
**Secretary of State**

**Entity Name:** VILLA DEL SOL AT CAPE SAN BLAS, L.L.C.

**Current Principal Place of Business:**

8215 ROSWELL ROAD, SUITE 300  
ATLANTA, GA 30350

**New Principal Place of Business:**

**Current Mailing Address:**

8215 ROSWELL ROAD, SUITE 300  
ATLANTA, GA 30350

**New Mailing Address:**

**FEI Number:** 20-1284305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTERS, ELIZABETH J  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

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

HOOD, CLINT J  
1804 SUZIE CT  
ST. GEORGE ISLAND, FL 32328 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: CLINT HOOD

10/04/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ORR, WAYNE  
Address: 8215 ROSWELL ROAD, SUITE 300  
City-St-Zip: ATLANTA, GA 30350

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: CLEMENT, JAMES E  
Address: 8215 ROSWELL ROAD, SUITE 300  
City-St-Zip: ATLANTA, GA 30350

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES E. CLEMENT

MGRM

10/04/2005

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