

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000058715

Entity Name: OCEANWALK HOMES, LLC

FILED
Oct 24, 2009
Secretary of State

Current Principal Place of Business:

400 ISLE OF PALMS
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

400 ISLE OF PALMS
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-1494458 FEI Number Applied For () 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:

SMITH, JEFFREY B
1401 E BROWARD BOULEVARD, SUITE 206
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

STOTSKY, ALAN
1411 SW 2ND STREET
FT LAUDERDALE, FL 33301 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: ALAN STOTSKY

10/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOTSKY, JOANNE TRUSTEE
Address: 400 ISLE OF PALMS
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: STOTSKY, ALAN TRUSTEE
Address: 400 ISLE OF PALMS
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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

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: ALAN STOTSKY

MR.

10/24/2009

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