## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000059694

Entity Name: LGF DEVELOPER LLC

Name:

Address:

City-St-Zip:

LALWANI, MONTY N

853 N. FT LAUDERDALE BEACH BLVD.

FT. LAUDERDALE, FL 33304 US

FILED May 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 853 N. FT LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 853 N. FT LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33304 FEI Number: 80-0117397 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: Name and Address of New Registered Agent: LALWANI, MONTY 853 N. FT LAUDERDALE BEACH BLVD. FT. LAUDERDALE, FL 33304 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: MONTY LALWANI Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GWALANI, SUNDER Name: Name: Address: 567 LAKEVIEW DR. Address: City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: Title: PM () Delete Title: () Change () Addition Name: LALWANI, JAMNA Name: Address: 853 N. FT. LAUDERDALE BEACH BLVD. Address: City-St-Zip: FT. LAUDERDALE, FL 33304 US City-St-Zip: Title: MGP () Delete Title: () Change () Addition FORMAN, RON Name: Name: Address: 567 LAKEVIEW DR. Address: City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MONTY LALWANI MGR 05/17/2009