

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000068505

FILED
Dec 09, 2008
Secretary of State

Entity Name: GULF RANCH INVESTMENTS, L.L.C.

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD
SUITE 111
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD
SUITE 111
WESTON, FL 33326 US

New Mailing Address:

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:

Name and Address of New Registered Agent:

MARRERO, JOSE C
1820 NORTH CORPORATE OLAKES BLVD
SUITE 304
WESTON, FL 33326 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: JOSE C MARRERO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PEDROSA, RICARDO M
Address: 1820 NORTH CORPORATE LAKES BLVD SUITE 111
City-St-Zip: WESTON, FL 33326 US

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

Title: MGRM () Delete
Name: DE AVILA, VIVIAN
Address: 1820 NORTH CORPORATE LAKES BLVD SUITE 111
City-St-Zip: WESTON, FL 33326 US

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: RICARDO M PEDROSA

MGRM

12/09/2008

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