2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 08, 2005
Secretary of State

DOCUMENT# L04000069025

Entity Name: BEACHLIFE DEVELOPMENT PROPERTIES, LLC

Current Principal Place of Business:

504 DD FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

504 DD FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 20-1656123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, MICHAEL A
504 DD FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: MICHAEL A. LOPEZ
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MBR ( ) Change (X) Addition
Name: LOPEZ, MICHAEL A
Address: 504 DD FLAGLER AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MBR ( ) Change (X) Addition
Name: INGLE, DAVID S
Address: 504 DD FLAGLER AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MBR ( ) Change (X) Addition
Name: KLOSKY, MARK A
Address: 504 DD FLAGLER AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: MICHAEL A. LOPEZ MGR 11/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date