

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000069025

FILED
Oct 18, 2007
Secretary of State

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:

4168 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

504 DD FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

4168 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

FEI Number: 20-1656123 **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:

INGLE, DAVID
504 DD FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

LOPEZ, MICHAEL A
4168 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 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: MICHAEL A. LOPEZ

10/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, MICHAEL A
Address: 4168 S. ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM (X) Change () Addition
Name: INGLE, DAVID S
Address: 4168 S. ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM (X) Change () Addition
Name: KLOSKY, MARK A
Address: 4168 S. ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: MICHAEL A. LOPEZ

MGRM

10/18/2007

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