

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000070786

Entity Name: LM DELPRADO LLC

FILED  
Oct 05, 2007  
Secretary of State

## Current Principal Place of Business:

4226 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

## New Principal Place of Business:

999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145

## Current Mailing Address:

109 W. PAGO PAGO DR.  
ATTN: KENT HEDRICK  
NAPLES, FL 34113

## New Mailing Address:

999 CAXAMBAS DRIVE  
ATTN: LYNNE W. WASHBURN  
MARCO ISLAND, FL 34145

FEI Number: 11-3728063      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:

HEDRICK, KENT G  
109 W. PAGO PAGO DR.  
NAPLES, FL 34113      US

## Name and Address of New Registered Agent:

WASHBURN, LYNNE W  
999 CAXAMBAS DRIVE  
MARCO ISLAND, FL 34145      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: LYNNE W. WASHBURN

10/05/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HEDRICK, KENT G  
Address: 109 W. PAGO PAGO DR.  
City-St-Zip: NAPLES, FL 34113

Title: MGRM ( ) Delete  
Name: HEDRICK, MARJA  
Address: 109 W. PAGO PAGO DR.  
City-St-Zip: NAPLES, FL 34113

Title: MGRM (X) Delete  
Name: ARNOLD, JOHN P  
Address: 999 CAXAMBAS DR.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM (X) Delete  
Name: WASHBURN, LYNNE  
Address: 999 CAXAMBAS DR.  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WASHBURN, LYNNE W  
Address: 999 CAXAMBAS DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM (X) Change ( ) Addition  
Name: ARNOLD, JOHN P JR  
Address: 999 CAXAMBAS DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

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: LYNNE W. WASHBURN

MGRM

10/05/2007

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