


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000071740 1. Entity Name LG TURTLE COVE, LLC						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">2005 OCT 17 P 1:04</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2655 NORTH OCEAN DRIVE, SUITE 400 SINGER ISLAND, FL 33404				Mailing Address 2655 NORTH OCEAN DRIVE, SUITE 400 SINGER ISLAND, FL 33404			
2. Principal Place of Business		3. Mailing Address 3540 Forest Hill Blvd		Suite, Apt. #, etc. #310		Suite, Apt. #, etc. 203	
City & State Singer Island, FL		City & State West Palm Bch FL		4. FEI Number 10132005 REIN-LLC		CR2E101 (6/04)	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name: George W Heaton Street Address (R.O. Box Number is Not Acceptable): 2655 No Ocean Blvd #310 City: Singer Island FL Zip Code: 33404			
8. 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. I am familiar with, and accept the obligations of, the registered agent.							
SIGNATURE: <i>George W Heaton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10/13/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.				<div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div>			
SIGNATURE: <i>George W Heaton</i>				SIGNATURE: <i>George W Heaton</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 10/13/05 Daytime Phone #: 5618335500			