

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000072983

Entity Name: XNDC2497 LLC

FILED  
Jul 23, 2006  
Secretary of State

## Current Principal Place of Business:

4624 W. ALHAMBRA CIRCLE  
NAPLES, FL 34103 US

## New Principal Place of Business:

1513 SW 49TH TERRACE  
CAPE CORAL, FL 33914 US

## Current Mailing Address:

4624 W. ALHAMBRA CIRCLE  
NAPLES, FL 34103 US

## New Mailing Address:

1513 SW 49TH TERRACE  
CAPE CORAL, FL 33914 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

PAUS, ARTHUR  
4624 W. ALHAMBRA CIRCLE  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

PAUS, ARTHUR  
1513 SW 49TH TERRACE  
CAPE CORAL, FL 33914 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: ARTHUR PAUS

07/23/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PAUS, ARTHUR  
Address: 4624 W. ALHAMBRA CIRCLE  
City-St-Zip: NAPLES, FL 34103 US

Title: MGR ( ) Delete  
Name: PAUS, CATHY  
Address: 4624 W. ALHAMBRA CIRCLE  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PAUS, ARTHUR  
Address: 1513 SW 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR (X) Change ( ) Addition  
Name: PAUS, CATHY  
Address: 1513 SW 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHY PAUS

MGR

07/23/2006

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