

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000003664

Entity Name: CEM PROPERTIES, LLC

FILED
Feb 22, 2007
Secretary of State

Current Principal Place of Business:

1210 S.E. 9TH LANE
CAPE CORAL, FL 33990

New Principal Place of Business:

848 PONDELLA RD
N FT MYERS, FL 33903

Current Mailing Address:

1210 S.E. 9TH LANE
CAPE CORAL, FL 33990

New Mailing Address:

848 PONDELLA RD
N FT MYERS, FL 33903

FEI Number: 20-2151494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
#204
FORT MYERS, FL 33919 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: WILLIAM R SMITH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLBROOK, AIMEE L
Address: 1210 S.E. 9TH LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: HOLBROOK, STEWART A JR.
Address: 1210 S.E. 9TH LANE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLBROOK, AIMEE L
Address: 848 PONDELLA RD
City-St-Zip: N FT MYERS, FL 33903

Title: MGRM (X) Change () Addition
Name: HOLBROOK, STEWART A JR.
Address: 848 PONDELLA RD
City-St-Zip: N FT MYERS, FL 33903

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: AIMEE HOLBROOK

SEC/

02/22/2007

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