

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000006949

FILED
Nov 27, 2007
Secretary of State

Entity Name: ARTISTS VILLAGE PROPERTIES, LLC

Current Principal Place of Business:

701 OLD ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 687
ENGLEWOOD, FL 34295

New Mailing Address:

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:

WIDMANN, SANDRA L MRS.
PO BOX 687
ENGLEWOOD, FL 34295 US

Name and Address of New Registered Agent:

WIDMANN, SANDRA L MRS.
1315 BAYSHORE DRIVE
ENGLEWOOD, FL 34223 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: SANDRA L. WIDMANN

11/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WIDMANN, SANDRA L
Address: PO BOX 687
City-St-Zip: ENGLEWOOD, FL 34295

Title: MGRM () Delete
Name: WIDMANN, JOHN F
Address: 1315 BAYSHORE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WIDMANN, JOHN F
Address: 1636 BAYWOOD WAY
City-St-Zip: SARASOTA, FL 34231

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: SANDRA L. WIDMANN

MGR

11/27/2007

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