

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008540

FILED
Oct 27, 2006
Secretary of State

Entity Name: CILE SAVOY LLC

Current Principal Place of Business:

1250 S CAPITAL OF TEXAS HWY
BLDG 1 SUITE 450
AUSTIN, TX 78746

New Principal Place of Business:

1222 SEA PLUME WAY
SARASOTA, FL 34242

Current Mailing Address:

1250 S CAPITAL OF TEXAS HWY
BLDG 1 SUITE 450
AUSTIN, TX 78746

New Mailing Address:

P.O. BOX 200577
AUSTIN, TX 78720

FEI Number: 20-2285134 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:

Name and Address of New Registered Agent:

WAGNER, E. JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: JOHN E. WAGNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: DERR, DENNIS D MEMBER
Address: 1222 SEA PLUME WAY
City-St-Zip: SARASOTA, FL 34242 US

Title: MR. () Change (X) Addition
Name: MITCHELL, CLIFTON MEMBER
Address: 712 WEST 16TH STREET
City-St-Zip: AUSTIN, TX 78701

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: DENNIS D. DERR

MR.

10/27/2006

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