

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:33



DOCUMENT # L05000013685
1. Entity Name
KAPES BAYOU LANDING, LLC

Principal Place of Business 1835 FIDDLER COURT TALLAHASSEE, FL 32308	Mailing Address 1835 FIDDLER COURT TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 3793 Longfellow Rd Suite, Apt. #, etc.	3. Mailing Address 3793 Longfellow Rd. Suite, Apt. #, etc.
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02132007 REIN-LLC CR2E101 (1/07)

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 11-3743084	Applied For <input type="checkbox"/> Not Applicable
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Zip 32311	Country	Zip 32311	Country
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6. Name and Address of Current Registered Agent

**CAUDILL, JAMES F ESQ
4933 TAMiami TRAIL NORTH
200
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name **Steven J. Bracci**
Street Address (P.O. Box Number is Not Acceptable)
3793 Longfellow Rd.
City **Tallahassee** FL Zip Code **32311**

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 registered agent.

SIGNATURE *Steven J. Bracci* **Steven J. Bracci, Registered Agent** DATE **2/12/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR KAPES MANAGEMENT LLC	<input type="checkbox"/> Delete
NAME	1835 FIDDLER COURT	
STREET ADDRESS	TALLAHASSEE, FL 32308	
CITY-ST-ZIP		

TITLE	MGR BIEDERMANN, GAYLE	<input type="checkbox"/> Delete
NAME	651 BIMINI AVENUE	
STREET ADDRESS	MARCO ISLAND, FL 34145	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	3793 Longfellow Rd.		
STREET ADDRESS	Tallahassee FL 32311		
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	7000988881777		
STREET ADDRESS	02/21/07--01017--018 **100.00		
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REINSTATEMENT		
STREET ADDRESS	06-07		
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Steven J. Bracci* **Steven J. Bracci, AS MANAGER OF KAPES MANAGEMENT, LLC, WHICH, IN TURN IS MANAGER HEREOF** DATE **2/12/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE