

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 8:03

DOCUMENT # L05000022482

1. Entity Name
OCEAN BAY DEVELOPMENT GROUP, L.L.C.



Principal Place of Business
966 SHAW DR
KEY LARGO, FL 33037

Mailing Address
966 SHAW DR
KEY LARGO, FL 33037



2. Principal Place of Business
966 SHAW DR Key Largo FL
Suite, Apt. #, etc.

3. Mailing Address
966 SHAW DRIVE
Suite, Apt. #, etc.

10312006 REIN-LLC CR2E101 (11/05)

City & State
Key Largo FL
Zip 33037 Country MAJORAE

City & State
Key Largo FL
Zip 33037 Country MAJORAE

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMPIGNY, GEORGE F III
966 SHAW DR
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name None
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 the registered agent.

SIGNATURE *George F Champigny III* (NOTE: Registered Agent signature required when reinstating) DATE 11-01-06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CHAMPIGNY, GEORGE F III
STREET ADDRESS 966 SHAW DR
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

TITLE MGRM
NAME ARDUINO, ARMAND R
STREET ADDRESS 10 SOUTH DR
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100081595751
11/07/06--01056--022 *** \$5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *George F Champigny III* *George F Champigny III* 11/07 305 796 7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2006