

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024136

Entity Name: SW LELY BAREFOOT, LLC

FILED
Aug 14, 2007
Secretary of State

Current Principal Place of Business:

1926 TRADE CENTER WAY, SUITE 3
NAPLES, FL 34109

New Principal Place of Business:

7935 AIRPORT PULLING ROAD N.
SUITE 220
NAPLES, FL 34109

Current Mailing Address:

1926 TRADE CENTER WAY, SUITE 3
NAPLES, FL 34109

New Mailing Address:

7935 AIRPORT PULLING ROAD N.
SUITE 220
NAPLES, FL 34109

FEI Number: 65-1043203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, BRUCE
1401 E BROWARD BLVD., #206
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SANDSMARK, ALVIN
7935 AIRPORT PULLING ROAD N.
220
NAPLES, FL 34109 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: ALVIN SANDSMARK

08/14/2007

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: SANDSMARK, ALVIN J
Address: 7935 AIRPORT PULLING ROAD N. #220
City-St-Zip: NAPLES, FL 34109

Title: MR. () Change (X) Addition
Name: KENNETH, MASSE
Address: 10855 FIELDFAIR DR
City-St-Zip: NAPLES, FL 34119

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: ALVIN SANDSMARK

MR.

08/14/2007

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