

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000027335

FILED
Oct 10, 2006
Secretary of State

Entity Name: CITY CENTER RESIDENCES, LLC

Current Principal Place of Business:

847 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

847 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B ESQ
1104 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

DUFAULT, DANIEL J SR
847 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 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: DANIEL J. DUFAULT

10/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DFAULT, DANIEL J SR
Address: 847 NORTH COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: DFAULT, DANIEL J JR
Address: 847 NORTH COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

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

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

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: DANIEL J. DUFAULT

MGRM

10/10/2006

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