

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000028159

FILED
Nov 15, 2006
Secretary of State

Entity Name: ANDULUSIA COMMERCIAL CONDO II LLC

Current Principal Place of Business:

9044 PROSPERITY WAY
FORT MYERS, FL 33913

New Principal Place of Business:

15050 ELDERBERRY LANE
FORT MYERS, FL 33907

Current Mailing Address:

9044 PROSPERITY WAY
FORT MYERS, FL 33913

New Mailing Address:

15050 ELDERBERRY LANE
FORT MYERS, FL 33907

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CAMPAGNOLO, ROGER III
9044 PROSPERITY WAY
FORT MYERS, FL 33928 US

Name and Address of New Registered Agent:

CAMPAGNOLO, ROGER III
15050 ELDERBERRY LANE
FORT MYERS, FL 33907 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: ROGER CAPAGNOLO, III

11/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPAGNOLO, ROGER III
Address: 9044 PROSPERITY WAY
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPAGNOLO, ROGER III
Address: 15050 ELDERBERRY LANE
City-St-Zip: FORT MYERS, FL 33907

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: ROGER CAPAGNOLO, III

MGRM

11/15/2006

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