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20	006 LIMITED LIA REINSTA	BILITY COM	IPANY			FILE	)	
DOCUMENT # L05000030855					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Entity Name ASCOT PRESERVE, LLC								2
100011					01	5 OCT 17 PH	14:37	
Principal Place		Mailing Address	•					
140 NE 4TH . Suite a	AVE	140 NE 4TH AVE Suite a						
DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 US								
2. Principal Place of Business       3. Mailing Address         810       1114       Ave       N#1         Suite, Apt. #, etc.       Suite, Apt. #, etc.								
Naples Ofty & State	FL	# (		10	032006 REIN-L	LC CR2E10	1 (11/05)	
		City & State Naples	FL	4.	FEI Number		Applie Not Ap	ed For pplicable
34108		<sup>Zip</sup> 34108	Country USA		Certificate of Status D	F	5.00 Addition ee Required	nal
	6. Name and Address of Current F	Registered Agent	Name			of New Registered A	gent	
BENDER GARBETT M					n T. Schiffinan			
140 NE 4TH AVE SUITE A				Address (P.U. E 5`70 /	Box Number is Not Ac	N #1		
DELRAY B	EACH, FL 33483							
			City	Naples		FL	Zip Code	8
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registered ag	ent, or both, in the St	ate of Florida. I am fa	miliar with, and	d accept
-	ons of registered agent.	Alan	TSal	CC		10/10/		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title # applicable. (NOTE	E: Registered Agent sign	ature required whe	n reinstating)	/0/10/	06	
FiLE After Janua	NOWUL FEE IS \$150.00 ary 1/2007, Fee will be \$200.00					Make check pa		i
						Florida Departme	In or state	
9.		RS/MANAGERS	10.			DITIONS/CHANGES		
THE	MANAGING MEMBER	RS/MANAGERS	TITLEMAR	BBM		DITIONS/CHANGES		Addition
TITLE NAME STREET ADDRESS	MANAGING MEMBER			88M 870		DITIONS/CHANGES		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER	Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<b>8</b> BM 870 NApl	ADE P.LLC III a Ave I es FL	DITIONS/CHANGES		Addition
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