

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000031297

FILED
Oct 09, 2009
Secretary of State

Entity Name: DELRAY GRANDE CLUB, LLC

Current Principal Place of Business:

5624 LINTON BLVD.
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5624 LINTON BLVD.
DELRAY BEACH, FL 33484 US

New Mailing Address:

900 GLADES ROAD
SUITE 2
BOCA RATON, FL 33431 US

FEI Number: 20-2601503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, JOHN ESQ.
1824 SE 4TH AVE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

RICHARDSON, JOHN ESQ.
900 GLADES ROAD
SUITE 2
BOCA RATON, FL 33431 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: JOHN RICHARDSON

10/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZAIKOV, STUART
Address: 5624 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MRG () Delete
Name: RICHARDSON, CHRISTOPHER
Address: 5624 LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES:

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

Title: MRG (X) Change () Addition
Name: RICHARDSON, KENNETH
Address: 900 GLADES ROAD, SUITE 2
City-St-Zip: BOCA RATON, FL 33431 US

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: KENNETH RICHARDSON

MRG

10/09/2009

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