

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033678

FILED
Oct 13, 2006
Secretary of State

Entity Name: PEPPER ISLAND APTS., LLC

Current Principal Place of Business:

113 NW 27TH AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

9401 NW 18TH MANOR
PLANTATION, FL 33322

Current Mailing Address:

9401 NW 18TH MANOR
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-2651568 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

STOLL, JEFFREY R ESQ.
8751 W. BROWARD BLVD.
SUITE 404
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CRAMMER, EDWIN L CPA
3801 N UNIVERSITY DRIVE
SUITE 311
SUNRISE, FL 33351 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: EDWIN L CRAMMER

10/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ULMAN, VIRGIL D
Address: 9401 NW 18TH MANOR
City-St-Zip: PLANTATION, FL 33322

Title: MGR () Delete
Name: ULMAN, GORDANA
Address: 9401 NW 18TH MANOR
City-St-Zip: PLANTATION, FL 33322

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: VIRGIL ULMAN

MGRM

10/13/2006

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