

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000034405

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

**Entity Name:** CROSSWINDS DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

25 HOMESTEAD RD., SUITE 5  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

3949 EVANS AVE  
SUITE 301-B  
FORT MYERS, FL 33901

**Current Mailing Address:**

5434 KERRY GLEN LANE  
CHARLOTTE, NC 28226

**New Mailing Address:**

**FEI Number:** 20-2745535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNSDORFF, MARION L  
12101 FLENTLOCK LANE  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

ARNSDORFF, MARION L  
3949 EVANS AVE  
SUITE 301-B  
FORT MYERS, FL 33901 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: MARION L ARNSDORFF

10/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIVERCHASE DEVELOPME, NT GROUP, LLC  
Address: 5434 KERRY GLEN LANE  
City-St-Zip: CHARLOTTE, NC 28226

**ADDITIONS/CHANGES:**

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: THOMAS E HASTINGS

MGR

10/06/2006

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