2007 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					priling a state of the state of				
DOCUMENT # L05000034466					FILED				
1 Entity Name			1						
COASTAL CUSTOM DEVELOPEMENT EGRET, LLC						07 NOV 14	PM 1: 1:	5	
D: : 10	· · re · ·	MANUAL AND	1		-	SECRETARY	OF STATE	:	
Principal Place of Business 3411 TAMIAMI TRAIL		Mailing Address 3411 TAMIAMI TRAIL		SECHETARY OF STATE TALLAHASSEE. FL ORIDA					
NAPLES, FL 34103		NAPLES, FL 34103							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10252007	REIN-LLC	CR2E10	1 (1/07)		
City & State	е	City & State		4. FEI Numbe	er			flied For t Applicable	
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5.00 Addi e Required	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New R	Registered Ag	ent	
CONROY, J. THOMAS III			į	Name					
2210 VANI	DERBILT BEACH ROAD, SUIT	E 1201	ĺ	Street Address ((P.O. Box Numb	er is Not Acceptable	e)		
NAPLES, F	FL 34109					·			
			}	City				Zip Code	
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	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistere	d office or register	red agent, or bo	th, in the State of Fig	orida. I am fan	niliar with, a	and accept
SIGNATURE									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature requi	ired when reinstating)		DATE		
File	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ary 1, 2008, Fee will be \$200.00	and title if applicable. (NOTE:	Registere	d Agent signature requi	ired when reinstating)	Mak			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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