

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061985

FILED
Dec 04, 2006
Secretary of State

Entity Name: GLEASON I, LLC

Current Principal Place of Business:

534 S.E. 16TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

534 S.E. 16TH PLACE
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 20-3040495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DEVITO, MICHAEL J
534 S.E. 16TH PLACE
CAPE CORAL, FL 33990 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: MICHAEL J. DEVITO

12/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLETCHER, CHARLES
Address: 534 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR () Delete
Name: DEVITO, MICHAEL
Address: 534 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLETCHER, CHARLES A
Address: 534 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR (X) Change () Addition
Name: DEVITO, MICHAEL J
Address: 534 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33990 US

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: MICHAEL J. DEVITO

MGR

12/04/2006

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