

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Apr 02, 2009  
Secretary of State**

DOCUMENT# L05000077292

Entity Name: NORTHWOOD VILLAS, LLC

**Current Principal Place of Business:**

12170 SOUTH MILITARY TR  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

5600 NW 102 AVENUE  
H  
SUNRISE, FL 33351 US

**Current Mailing Address:**

12170 SOUTH MILITARY TR  
C/O LI REALTY  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

5600 NW 102 AVENUE  
H  
SUNRISE, FL 33351 US

FEI Number: 20-3798304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIXON, LI K  
4524 GUN CLUB ROAD  
STE. B  
WEST PALM BEACH, FL 33415 US

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

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: DIXON K. LI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAKUPI, LIRIM  
Address: 632 HIBISCUS ST.  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM ( ) Delete  
Name: LI, DIXON  
Address: 4524 GUN CLUB ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415 FL

Title: MGRM ( ) Delete  
Name: WATSON, JOHN  
Address: 12170 SOUTH MILITARY TR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR ( ) Delete  
Name: DEAVITT, DAVID M  
Address: 4534 GUN CLUB RD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR ( ) Delete  
Name: CACCAVALE, ALEX  
Address: 2170 SOUTH MILITARY TR  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: WATSON, JOHN  
Address: 5600 NW 102 AVENUE  
City-St-Zip: SUNRISE, FL 33351

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 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: JOHN WATSON

MGRM

04/02/2009

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