2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000085215

Entity Name: ALICO ELEVEN, LLC

Address:

City-St-Zip:

1500 PELICAN AVE.

NAPLES, FL 34102

FILED Sep 20, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
17080 ALICO RD		2220 J & C BOULEVARD	
STE. # 2		STE. #3	
FORT MYERS, FL 33912		NAPLES, FL 34109	
Current Mailing Address:		New Mailing Address:	
17080 ALICO RD		2220 J & C BOULEVARD	
STE. #2		STE. # 3	
FORT MYERS, FL 33912		NAPLES, FL 34109	
In accordan	: 20-3360046 FEI Number Applied For() FEI Nuce with s. 607.193(2)(b), F.S., the limited liability company did Address of Current Registered Agent:		Certificate of Status Desired () F New Registered Agent:
ERWIN, JAMES		JFM INVESTMENT COMPANY OF SOUTHWEST FLORID	
17080 ALICO RD		2220 J & C BOULEVARD	
STE. #2		STE. #3	
FORT MYERS, FL 33912 US		NAPLES, FL 34109 US	
	named entity submits this statement for the purpose of Florida.	of changing its registered	d office or registered agent, or both,
SIGNATURE: JASON MCLENDON Electronic Signature of Registered Agent			09/20/2006 Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title:	MGRM () Delete	Title:	() Change () Addition
Name:	ERWIN, JAMES	Name:	
Address:	17080 ALICO RD., STE. # 2	Address:	
City-St-Zip:	FORT MYERS, FL 33912	City-St-Zip:	
Title:	MGRM () Delete	Title:	() Change () Addition
Name:	JFM INVESTMENT COMPA, NY OF SOUTHWES T FLORID	Name:	
Address:	2220 J & C BOULEVARD #3	Address:	
City-St-Zip:	NAPLES, FL 34109	City-St-Zip:	
Title:	MGRM () Delete	Title:	() Change () Addition
Name:	HOWELL, DAVID	Name:	
Address:	1500 PELICAN AVENUE	Address:	
City-St-Zip:	NAPLES, FL 34102	City-St-Zip:	
Title:	MGRM (X) Delete	Title:	() Change() Addition
Name:	MCLENDON, JASON F	Name:	
Address:	2220 J & C BLVD. #3	Address:	
City-St-Zip:	NAPLES, FL 34109	City-St-Zip:	
Title:	MGRM (X) Delete	Title:	()Change ()Addition
Name:	HOWELL, DAVID	Name:	

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.

Address:

City-St-Zip:

SIGNATURE: JASON MCLENDON MGRM 09/20/2006