## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000085215

Entity Name: ALICO ELEVEN, LLC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13650 FIDDLESTICKS BLVD., STE. 202-213 3740 PELICAN'S NEST DR FORT MYERS, FL 33912 BONITA SPRINGS,, FL 33912

Current Mailing Address: New Mailing Address:

13650 FIDDLESTICKS BLVD., STE. 202-213 3740 PELICAN'S NEST DR FORT MYERS, FL 33912 BONITA SPRINGS, FL 34134

FEI Number: 20-3360046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

OATES, MARC F PA

% MARC F. OATES ESQ.

5515 BRYSON DRIVE, STE. 502
NAPLES, FL 34109 US

JAMES, ERWIN
3740 PELICAN'S NEST DR
BONITA SPRINGS, FL 34134 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.

01011471197

SIGNATURE: JAMES ERWIN 01/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) 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: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOWELL, DAVID
 Name:

 Address:
 1500 PELICAN AVENUE
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 NOAL, BRENNAN
 Name:

 Address:
 15850 GREY FRIAR CT.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 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: JAMES ERWIN MGR 01/21/2009