2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000085329

City-St-Zip:

FREEPORT, FL 32439

Entity Name: CDC DEVELOPERS OF FLORIDA, LLC

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 941 WEST HIGHWAY 20 FREEPORT, FL 32439 **Current Mailing Address: New Mailing Address:** 941 WEST HIGHWAY 20 FREEPORT, FL 32439 FEI Number: 20-3377475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEEKS, CHRISTOPHER 1075 MCCALL DAIRY ROAD DEFUNIAK SPRINGS, FL 32435 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: CHRISTOPHER WEEKS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SIMMONS, CHARLIE Name: Name: Address: 941 WEST HIGHWAY 20 Address: City-St-Zip: FREEPORT, FL 32439 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WEEKS, CHRISTOPHER Name: Address: 1075 MCCALL DAIRY ROAD Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SIMMONS, DONNA Name: Name: 941 WEST HIGHWAY 20 Address: Address:

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.

City-St-Zip:

SIGNATURE: CHRISTOPHER WEEKS MGRM 04/27/2007