

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000095216

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** BEACHWALK OF JUPITER, TOO, LLC

**Current Principal Place of Business:**

169 TEQUESTA DRIVE, SUITE 12E  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

169 TEQUESTA DRIVE, SUITE 12E  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 20-3807937      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:**

BURCKART, WILLIAM E  
169 TEQUESTA DRIVE, SUITE 12E  
TEQUESTA, FL 33469      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: WILLIAM B. BURCKART

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURCKART, WILLIAM  
Address: 169 TEQUESTA DRIVE, SUITE 12E  
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM ( ) Delete  
Name: CLEMENTE, ADRIENNE A  
Address: 3184 SW BRIDGE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

**ADDITIONS/CHANGES:**

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 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: WILLIAM E. BURCKART

MGR

01/15/2007

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