

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:32

DOCUMENT # L05000096073

1. Entity Name  
BIKINI BEACH POINT, LLC



Principal Place of Business  
C/O JOSEPH M. MADDEN JR. LLC  
2222 SECOND STREET  
FT. MYERS, FL 33901

Mailing Address  
C/O JOSEPH M. MADDEN JR. LLC  
2222 SECOND STREET  
FT. MYERS, FL 33901

2. Principal Place of Business  
3364 CLEVELAND AVE.

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12212006 REIN-LLC CR2E101 (11/05)

City & State  
FT. MYERS

City & State

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

Zip  
33901

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MADDEN, JOSEPH M JR.  
2222 SECOND STREET  
FT. MYERS, FL 33901

## 7. Name and Address of New Registered Agent

Name  
KENNETH D. RAGER  
Street Address (P.O. Box Number is Not Acceptable)  
3364 CLEVELAND AVE.  
City  
FT. MYERS FL Zip Code  
33901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kenneth D. Rager KENNETH D. RAGER MANAGER

12/21/06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
CAPITAL PROPERTIES GROUP AT BIKINI  
3364 CLEVELAND AVE.  
FT. MYERS, FL 33901

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500089029135  
02/23/07--01007--002 \*\*200.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Kenneth D. Rager

12/21/06

239-481-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #