

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103432

FILED
Jan 20, 2009
Secretary of State

Entity Name: ISLA BLUE DEVELOPMENT, L.L.C.

Current Principal Place of Business:

2863 S.W. 24TH AVENUE
CAPE CORAL, FL 33914

New Principal Place of Business:

4191 BAY BEACH LANE #272
FT. MYERS BEACH, FL 33931

Current Mailing Address:

2863 S.W. 24TH AVENUE
CAPE CORAL, FL 33914

New Mailing Address:

4191 BAY BEACH LANE #272
FT. MYERS BEACH, FL 33931

FEI Number: 56-2540337 **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:

PROVINZINO, TONY
2863 S.W. 24TH AVENUE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

PROVINZINO, TONY
4191 BAY BEACH LANE #272
FT. MYERS BEACH, FL 33931 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: TONY PROVINZINO

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PROVINZINO, TONY
Address: 2863 S.W. 24TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PROVINZINO, TONY
Address: 4191 BAY BEACH LANE #272
City-St-Zip: FT. MYERS BEACH, FL 33931

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: TONY PROVINZINO

VP

01/20/2009

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