

2007 LIMITED LIABILITY COMPANY REINSTATEMENT


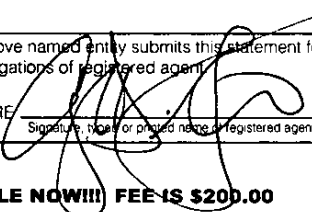

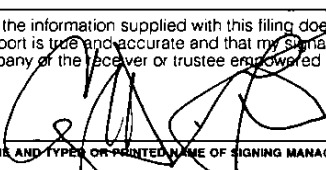
FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000118531			
1. Entity Name BCB VERONA, LLC			
Principal Place of Business 3606 ENTERPRISE AVENUE NAPLES, FL 34014		Mailing Address 3606 ENTERPRISE AVENUE NAPLES, FL 34014	
2. Principal Place of Business - No P.O. Box # 3696 ENTERPRISE AVE		3. Mailing Address 3696 ENTERPRISE AVE	
Suite, Apt. #, etc. #100		Suite, Apt. #, etc. #100	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34104	Country USA	Zip 34104	Country USA
4. FEI Number 20-3963558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIDER, CRAIG D 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name GOODLETTE, COLEMAN & JOHNSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 4001 TAMiami TRAIL NORTH SUITE 300 City NAPLES FL Zip Code 34103	
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  CRAIG D. GRIDER FOR GOODLETTE, COLEMAN & JOHNSON, P.A. 8/14/2007 <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WEIDLE, TIMOTHY S 3606 ENTERPRISE AVENUE NAPLES, FL 34014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WEIDLE, TIMOTHY S. 3696 ENTERPRISE AVE #100 NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000108700120 08/28/07--01018--006 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 06-07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		CRAIG D. GRIDER, AUTHORIZED REP. 8/14/2007 239.435.3535	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	