2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# L06000014266

Entity Name: AGAPE APARTMENTS, LLC

Current Principal Place of Business:

2830 MUSKY MINT DR.
LAND O LAKES, FL 34638 US

New Principal Place of Business:

Current Mailing Address:

2830 MUSKY MINT DR.
LAND O LAKES, FL 34638 US

New Mailing Address:

FEI Number: 20-4270543 **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:

GHALY, SAMIRA Y
2830 MUSKY MINT DR.
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

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: SAMIRA Y GHALY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GHALY, YOUSSEF S	
Address:	2830 MUSKY MINT DR.	
City-St-Zip:	LAND O LAKES, FL 34638 US	
Title:	MGRM	( ) Delete
Name:	GHALY, SAMIRA Y	
Address:	2830 MUSKY MINT DR.	
City-St-Zip:	LAND O LAKES, FL 34638 US	
Title:	MGRM	( ) Delete
Name:	BOULOS, ATEF	
Address:	2523 BUTTERFLY LANDING	
City-St-Zip:	LAND O LAKES, FL 34638 US	
Title:	MGRM	( ) Delete
Name:	BOULOS, SALWA	
Address:	2523 BUTTERFLY LANDING	
City-St-Zip:	LAND O LAKES, FL 34638 US	
Title:	MGRM	( ) Delete
Name:	GHALY, YOUSTOS FR.	
Address:	2830 MUSKY MINT DR.	
City-St-Zip:	LAND O LAKES, FL 34638 US	
Title:	MGRM	(X) Delete
Name:	GHALY, MARY	
Address:	2830 MUSKY MINT DR.	
City-St-Zip:	LAND O LAKES, FL 34638 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	SHENODA, MICHAEL M	
Address:	P. O. BOX 82570	
City-St-Zip:	TAMPA, FL 33682 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: SAMIRA GHALY MGRM 10/09/2007

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