

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000024853

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** BRIAR HOMES, LLC

**Current Principal Place of Business:**

1020 GALLEON DRIVE  
NAPLES, FL 34102

**New Principal Place of Business:**

290 LITTLE HARBOUR LANE  
NAPLES, FL 34102

**Current Mailing Address:**

1020 GALLEON DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

290 LITTLE HARBOUR LANE  
NAPLES, FL 34102

FEI Number: 20-4794040      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:**

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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: JEFF NOVATT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LAVERY, MICHAEL B  
Address: 1020 GALLEON DRIVE  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LAVERY, MICHAEL B  
Address: 290 LITTLE HARBOUR LANE  
City-St-Zip: NAPLES, FL 34102

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: MICHAEL B. LAVERY

PRES

10/12/2007

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