

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000034263

FILED
Sep 25, 2007
Secretary of State

Entity Name: CARIBBEAN COVE ESTATES, LLC

Current Principal Place of Business:

1517 SE 16TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

3928 SW 27TH COURT
CAPE CORAL, FL 33914

Current Mailing Address:

1517 SE 16TH PLACE
CAPE CORAL, FL 33990

New Mailing Address:

3928 SW 27TH COURT
CAPE CORAL, FL 33914

FEI Number: 20-4613865 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:

MCGILLICUDDY, JASON
1517 SE 16TH PLACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

MCGILLICUDDY, JASON
3928 SW 27TH COURT
CAPE CORAL, FL 33914 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: JASON MCGILLICUDDY

09/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MCGILLICUDDY, JASON N
Address: 3928 SW 27TH COURT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Change (X) Addition
Name: PAGE, RUSSELL S
Address: 3928 SW 27TH COURT
City-St-Zip: CAPE CORAL, FL 33914

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: JASON MCGILLICUDDY

MGR

09/25/2007

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