

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000038211

FILED
Dec 07, 2007
Secretary of State

Entity Name: NORTHPORT LOT PARTNERS, LLC

Current Principal Place of Business:

1070 E. INDIANTOWN ROAD, SUITE 410
JUPITER, FL 33477

New Principal Place of Business:

11810 HAZELWOOD ROAD
LOUISVILLE, KY 40223

Current Mailing Address:

1070 E. INDIANTOWN ROAD, SUITE 410
JUPITER, FL 33477

New Mailing Address:

11810 HAZELWOOD ROAD
LOUISVILLE, KY 40223

FEI Number: 20-4688312 **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:

LIVESAY, JOSEPH
1070 E. INDIANTOWN ROAD, SUITE 410
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

SPITLER, JOHN
GULFSTREAM DEVELOPMENT GROUP, LLC
4037 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 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: JOHN SPITLER

12/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMS, J T
Address: 1070 E. INDIANTOWN ROAD, SUITE 410
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMS, J T
Address: 11810 HAZELWOOD ROAD
City-St-Zip: LOUISVILLE, KY 40223

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: J.T. SIMS

MGR

12/07/2007

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