## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

		· KENIOIA				00 64	
1. Entity Nam	e	# L0600050 BEE PALMS, LLC	828			OBMAY 16 AM 8: 33	
Principal Pina	o of Dunings		Maira Addana			OSER TO L	
Principal Place of Business  % AFFORDABLE RESIDENTIAL COMMUNITIES 600 GRANT STREET, STE. 900 DENVER, CO 80203  Mailing Address  % AFFORDABLE RESIDENTIAL COMMUNITIES 600 GRANT STREET, STE. 900 DENVER, CO 80203							
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address				
		ne field way	70010 Stower	=ieb way			
Suite, Apt.	<del></del>		Suite, Apt. #, etc.	·	05102008	REIN-LLC CR2E101 (1/07)	``\
City & State PITS FOR # , N Zip Country			City & State PITS FORP, N.Y. Zip Country		4. FEI Numb	4. FEI Number   Applied For   Not Applicable	
145	34	MONROR	14534	THUSAL	5. Certificate	e of Status Desired	
	6. Name	and Address of Current			7. Name and	d Address of New Registered Agent	
CORPORA	ATION SE	RVICE COMPANY		Name			
1201 HAYS			$\mathcal{N}$	Street Addre	ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)	
TALLAHAS	SSEE, FL	32301-2525	(1 ) Y				
			1 > 1				
				City		FL Zip Code	
8. The above	named entit	y submits this statement for	the purpose of changing its	registered office or regi	istered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
nie obligati	ions of regist	ered agent			e Reynold	5-16-08	
SIGNATURE .	Signature, typed	or plinted name of recordered agent a	and title if applicable. (NOTE	as [ E: Registered Agent signature n	ts agent		
.,,						, care	
FIL	E NOW!!!	FEE IS \$377.50			•	Make check payable to Florida Department of State	
9.	·	111110000000000	<u> </u>		44/		
		MANAGING MEMBE	RS/MANAGERS			ADDITIONS/CHANGES (CA LO MA.O.	n 1000
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ACCOUNT NO. : 072100000032

REFERENCE : 573890

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE: May 16, 2008

ORDER TIME : 11:11 AM

ORDER NO. : 573890-005

CUSTOMER NO: 4312621

## DOMESTIC FILINGS

NAME: EAST OKEECHOBEE PALMS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS