

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000055488

FILED
Mar 23, 2009
Secretary of State

Entity Name: OLDE NAPLES INVESTMENTS, LLC

Current Principal Place of Business:

13650 FIDDLESTICKS BLVD., STE. 202-213
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13650 FIDDLESTICKS BLVD., STE. 202-213
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

OATES, MARC F P.A.
% MARC F. OATES ESQ.
5515 BRYSON DRIVE, STE. 502
NAPLES, FL 34109 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: MARC F. OATES ESQ.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOWELL, DAVID
Address: 1500 PELICAN AVE.
City-St-Zip: NAPLES, FL 34109

Title: MGR (X) Delete
Name: NOALL, BRENNAN
Address: 15850 GREY FRIARS CT.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOALL, BRENNAN
Address: 15850 GREY FRIARS CT.
City-St-Zip: FORT MYERS, FL 33912

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: BRENNAN NOALL

MGR

03/23/2009

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