

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# L06000103488

Entity Name: ESTATE HOMES DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

1792 BELL TOWER LANE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1792 BELL TOWER LANE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-8174377      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:**

GREENBERG & STRELITZ, P.A.  
4800 N. FEDERAL HIGHWAY  
304D  
BOCA RATON, FL 33431 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: CARY NICHOLS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: NICHOLS, CARY  
Address: 1792 BELL TOWER LANE  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: MCDANIEL, SOLOMON  
Address: 1792 BELL TOWER LANE  
City-St-Zip: WESTON, FL 33326

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: CARY NICHOLS

MGRM

10/15/2009

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