

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000117705

Entity Name: CASA BONITA 503, LLC

**FILED**  
**Mar 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

26000 HICKORY BLVD., #503  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26000 HICKORY BLVD., #503  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

P.O. BOX 141101  
MINNEAPOLIS, MN 55414

FEI Number: 20-8058728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUDGINS, THOMAS F  
801 12TH AVENUE SOUTH, SUITE 200  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

HUDGINS, THOMAS F  
2800 DAVIS BLVD.  
SUITE 203  
NAPLES, FL 34104 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: THOMAS F. HUDGINS

03/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ADDINGTON, R. SCOTT  
Address: PO BOX 141101  
City-St-Zip: MINNEAPOLIS, MN 55141

Title: MGRM ( ) Delete  
Name: ADDINGTON, STEVEN L  
Address: 8829 HIGHLAND OAKS DRIVE  
City-St-Zip: JOHNSTON, PA 50131

Title: MGRM ( ) Delete  
Name: LANE, JANE A  
Address: 5651 HIGHLAND COURT  
City-St-Zip: WEST DES MOINES, IA 50266

**ADDITIONS/CHANGES:**

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

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

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: THOMAS F. HUDGINS

MR.

03/24/2008

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