

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000120405

FILED
Apr 11, 2008
Secretary of State

Entity Name: PERRY DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-8088288 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:

BARKETT, DAVID
320 EAST SOUTH STREET
SUITE 180
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BARKETT, DAVID
201 EAST PINE STREET
SUITE 315
ORLANDO, FL 32801 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: DAVID BARKETT

04/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARD BOWDEN, LLC,
Address: PMB 203 2614 N. TAMiami TRAIL
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: CLARITY MORTGAGE INV, ESTMENT FUND, L LC
Address: 301 E. PINE STREET, SUITE 150
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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: COLIN GEORGE

MGRM

04/11/2008

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