

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000086455

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ISLAND CLUB PARTNERS LLC

**Current Principal Place of Business:**

1855 WEST STATE ROAD 434, SUITE 260  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1855 WEST STATE ROAD 434, SUITE 260  
LONGWOOD, FL 32750

**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:**

FOGLE, MICHAEL J  
1855 WEST STATE ROAD 434, SUITE 260  
LONGWOOD, FL 32750 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: MICHAEL FOGLE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOGLE, MICHAEL J  
Address: 1855 WEST STATE ROAD 434, SUITE 260  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: BARTOLOTTI, DAVID  
Address: 2036 WEKIVA RESERVE BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete  
Name: FOGLE, KIMBERLY M  
Address: 2065 BILTMORE POINT  
City-St-Zip: LONGWOOD, FL 32779

**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: MICHAEL FOGLE

MANG

01/13/2009

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