

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000086627

FILED
Oct 12, 2009
Secretary of State

Entity Name: KAJON II LAND INVESTMENTS, LLC

Current Principal Place of Business:

1971 COVE DR
LARGO, FL 33774 US

New Principal Place of Business:

4830 N 73RD ST
SCOTTSDALE, AZ 85251 US

Current Mailing Address:

1971 COVE DR.
LARGO, FL 33774 US

New Mailing Address:

4830 N 73RD ST
SCOTTSDALE, AZ 85251 US

FEI Number: 26-3532354 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:

INMAN, KATE L
881 NE 73RD STREET
MIAMI, FL., FL 33138 US

Name and Address of New Registered Agent:

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: KATE INMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INMAN, JOHN C
Address: 1971 COVE DR.
City-St-Zip: LARGO, FL 33774

Title: MGR () Delete
Name: FIORI, LAURA M
Address: 1971 COVE DR
City-St-Zip: LARGO, FL 33774 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: INMAN, JOHN C
Address: 4830 N 73RD ST
City-St-Zip: SCOTTSDALE, AZ 85251

Title: MGR (X) Change () Addition
Name: FIORI, LAURA M
Address: 4830 N 73RD ST
City-St-Zip: SCOTTSDALE, AZ 85251 US

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: JOHN INMAN/ LAURA FIORI

MGR

10/12/2009

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