

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000091761

**FILED**  
**Oct 10, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA REALTY PARTNERS FM2, LLC

**Current Principal Place of Business:**

9400 GLADIOLUS DR.  
FT. MYERS, FL 33908

**New Principal Place of Business:**

9400 GLADIOLUS DR. SUITE 100  
FT. MYERS, FL 33908

**Current Mailing Address:**

15817 DELAPLATA LN.  
NAPLES, FL 34110 US

**New Mailing Address:**

9400 GLADIOLUS DR. SUITE 100  
FT. MYERS, FL 33908

**FEI Number:** 45-0573854      **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:**

WOLFF, DAVID J  
15817 DELAPLATA LN.  
NAPLES, FL 34110 US

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

STRUBE, TRACEY P  
20620 PINE TREE LN  
ESTERO, FL 33928 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: TRACEY STRUBE

10/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOLFF, DAVID J  
Address: 15817 DELAPLATA LN.  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR ( ) Delete  
Name: DASCANI, SCOTT A  
Address: 16128 PARQUE LN  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR ( ) Delete  
Name: AMENDOLA, THOMAS A  
Address: 3038 GARDENS BLVD  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TRACEY, STRUBE P  
Address: 20620 PINE TREE LN.  
City-St-Zip: ESTERO, FL 33928 US

Title: MGRM (X) Change ( ) Addition  
Name: DASCANI, SCOTT A  
Address: 16128 PARQUE LN  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change ( ) Addition  
Name: AMENDOLA, THOMAS A  
Address: 3038 GARDENS BLVD  
City-St-Zip: NAPLES, FL 34105

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: TRACEY STRUBE

MGR

10/10/2008

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