

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000096702

FILED
Apr 30, 2009
Secretary of State

Entity Name: BEACHSIDE ESTATES MANAGEMENT LLC

Current Principal Place of Business:

5021 NE 23RD TERRACE LLC
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

5021 NE 23RD TERRACE
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

5021 NE 23RD TERRACE LLC
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

951 HIGH STREET
FAIRFIELD, CT 06824 US

FEI Number: 26-1107845 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:

KANE, THOMAS D
5021 NE 23RD TERRACE
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

BLAINE H. HIBBERD, P.A.
633 SE 3RD AVENUE
301
FORT LAUDERDALE, FL 33301 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: BLAINE H. HIBBERD

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KANE, THOMAS
Address: 5021 NE 23RD TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KANE, THOMAS
Address: 951 HIGH STREET
City-St-Zip: FAIRFIELD, CT 06824 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: THOMAS KANE

MGRM

04/30/2009

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