


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 16 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # L07000108785 |  |
| 1. Entity Name GRANDE OAKS PRESERVE, LLC | |

| | |
|---|---|
| Principal Place of Business 5130 DESOTO ROAD SARASOTA, FL 34235 | Mailing Address 5130 DESOTO ROAD SARASOTA, FL 34235 |
|---|---|

| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



11062008 REIN-LLC CR2E101 (1/07)

| | |
|---------------|--|
| 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
|---------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

BEVINS, DON
812 WILLOWWOOD LANE
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name Gerald Houlihan
Street Address (P.O. Box Number is Not Acceptable) TWO DATACENTER SUITE 1209
9130 S. DADELAND BLVD.
City MIAMI FL Zip Code 33156

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 11-12-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50 | Make check payable to Florida Department of State |
|--|--|

9. MANAGING MEMBERS/MANAGERS

| | |
|--|-------------------------------------|
| TITLE <u>mg. member</u> <input checked="" type="checkbox"/> Delete | NAME <u>DON BEVINS</u> |
| STREET ADDRESS <u>812 WILLOWWOOD L.P.</u> | CITY-ST-ZIP <u>NAPLES, FL 34108</u> |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

10. ADDITIONS/CHANGES

| | |
|--|------------------------------------|
| TITLE <u>mg. member</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME <u>JO GOODMAN</u> |
| STREET ADDRESS <u>55 13TH AVE. S.</u> | CITY-ST-ZIP <u>NAPLES FL 34102</u> |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

REINSTATEMENT-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] Member