

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000075185

FILED
Dec 01, 2011
Secretary of State

Entity Name: HIGH GROVE FRACTIONAL HOMES LLC

Current Principal Place of Business:

4403 SUN VILLAGE BLVD
KISSIMMEE, FL 34746

New Principal Place of Business:

3501 W VINE STREET
340
KISSIMMEE, FL 34746

Current Mailing Address:

PO BOX 137973
CLERMONT, FL 34713

New Mailing Address:

3501 W VINE ST
KISSIMMEE, FL 34746

FEI Number: 90-0444891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTER, LOUIS
8821A CORALPALM COURT
ORLANDO, FL 34747 US

Name and Address of New Registered Agent:

WITTER, LOUIS
3501 W VINE STREET
340
KISSIMMEE, FL 34746 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: L.WITTER

12/01/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WITTER, LOUIS A
Address: 3501 W VINE STREET
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM
Name: BETOURNAY, PAUL R
Address: 7830 CONWAY RD
City-St-Zip: NEW SYMRNA BEACH, FL 33168

Title: MGR
Name: NEMBARD, BANSFORD
Address: 1523 ELMHURST CIR SE
City-St-Zip: PALM BAY, FL 32909

Title: MGRM
Name: STEWARTSON, ANTHONY
Address: PO BOX 137973
City-St-Zip: CLERMONT, FL 34713

Title: MGRM
Name: GATLIN, MARVIN SR
Address: PO BOX 450822
City-St-Zip: KISSIMMEE, FL 34745

Title: MGRM
Name: GEORGE, JOHN
Address: 702 NORTH 19TH. STREET
City-St-Zip: FORT PIERCE,, FL 34950

I hereby 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: L.WITTER

PRES

12/01/2011

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