

L960000000208

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
STATE OF FLORIDA

99 MAY -5 AM 10:43

with  
5/11

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000000208**  
DUCK POND SCHWERIN REAL ESTATE, L.C.  
2770 Indian River Blvd, Suite 327  
Vero Beach, FL 32960

1a. Principal Place of Business Address  
2770 Indian River Blvd., Suite 327  
Vero Beach, FL 32960

If above mailing address is incorrect in any way line through incorrect information and enter correction in Block 2a

2 Principal Place of Business 5070 N. A1A Suite, Apt. #, etc. City & State Vero Beach, FL Zip 32963	2a. Mailing Address 5070 N. A1A Suite, Apt. #, etc. City & State Vero Beach, FL Zip 32963	3. Date Organized or Qualified 02/22/96 4. FEI Number 65-0751982 5. Date of Last Report	3a. State of Formation Florida <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent Swanson, John F. 2770 Indian River Blvd., Suite 327 Vero Beach, FL 32960	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MEM MEM 1	Schwerin, Warren L. Duck Pond Partners, L.P.	890 Seaward Drive 688 Ocean Road	Indian River Shores, FL 32963 Vero Beach, FL 32963 9000002874269--1 -05/13/99--01036--001 ***1066.25 ***1066.25

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager: Warren L. Schwerin

Daytime Phone # 561-231-3029