## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M01000002421

Entity Name: FOX POINTE PROPERTIES, LTD. CO.

FILED Oct 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11850 MAYFIELD ROAD 10910 S.W. 58TH AVE RD CHARDON, OH 44024 0CALA, FL 34476

Current Mailing Address: New Mailing Address:

11850 MAYFIELD ROAD 10910 S.W. 58TH AVE RD CHARDON, OH 44024 0CALA, FL 34476

FEI Number: 34-1959447 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MACKAY, DAVID L 2801 SOUTHWEST COLLEGE ROAD, SUITE #9 OCALA, FL 34474 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

## ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition ONORATO, RICHARD ONORATO, RICHARD Name: Name: Address: 11850 MAYFIELD ROAD Address: 10910 S..W. 58 TH AVE RD City-St-Zip: CHARDON, OH 44024 City-St-Zip: OCALA, FL 34476

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM Name: LAWROSKI, GREG Name: LAWROSKI, GREG Address: 11850 MAYFIELD ROAD Address: 10910 S.W. 58 TH AVE RD City-St-Zip: CHARDON, OH 44024 City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG LAWROSKI MGRM 10/21/2004