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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

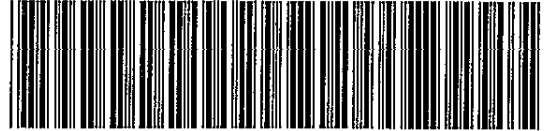
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**Thomas J. DiPilla, Jr.**

**Attorney at Law**

**101 West Main Street, Suite 204  
Moorestown, New Jersey 08057**

*Member N.J., P.A. and D.C. Bars*

*Telephone (856) 642-0555*

*Telefax (856) 642-1846*

File No. 305.35

December 4, 2002

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Fisherman's Cove of Fort Myers, LLC

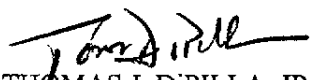
Dear Sir/Madam:

Enclosed for filing with regard to the above referenced New Jersey limited liability company please find the following:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Designation of Registered Agent/Registered Office
- Original Certificate of Good Standing from New Jersey Department of Treasury
- Our check in the amount of \$125.00, which represents the appropriate fee in this matter

It is my understanding that a letter of acknowledgment will be issued upon registration. Thank you in advance for your kind consideration and cooperation in this matter.

Very truly yours,

  
THOMAS J. DiPILLA, JR.

TJD:pjg

Enclosures

cc: Fisherman's Cove of Fort Myers, LLC

c:\Letters\Ltr.FloridaDivCorporations.12.4.02

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SECRET  
TALLAHASSEE, FL 32314  
AND  
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. FISHERMAN'S COVE OF FORT MYERS, LLC  
(Name of foreign limited liability company)
2. New Jersey 3. 13-4218560  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 11/21/02 5. 11/8/2032  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of this Application  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
7. 803 Birchfield Drive  
Mt. Laurel, NJ 08054  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

CBD Development, Inc.  
Attn: David A. Waronker, President  
803 Birchfield Drive  
Mt. Laurel, NJ 08054

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real estate acquisition, development and construction

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.406(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David A. Waronker, President of CBD Development, Inc.

Typed or printed name of signer

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SECRETARY OF REVENUE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 02 DEC 10 BY 60320  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

FISHERMAN'S COVE OF FORT MYERS, LLC

2. The name and the Florida street address of the registered agent and office are:

David A. Waronker

(Name)

215 Celebration Place, Suite 500

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Celebration

FL

34747

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

(Signature)

David A. Waronker

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

02 DEC 10 AM 10:10  
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STATE  
TALLAHASSEE, FLORIDA

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AND  
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

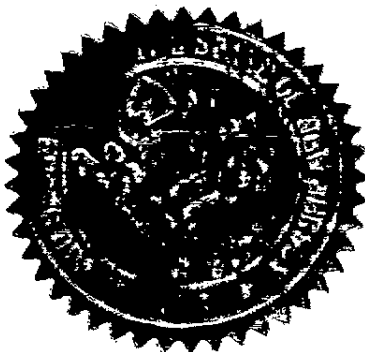
FISHERMAN'S COVE OF FORT MYERS, LLC

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Limited Liability Company was  
registered by this office on November 21, 2002.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

*David A Waronker  
803 Birchfield Drive  
Mt Laurel, NJ 08054*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
25th day of November, 2002*

*John E McCormac, CPA  
State Treasurer*