
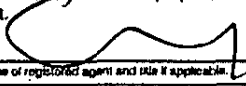
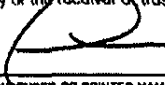


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -7 PM 1:50

DOCUMENT # M05000002726			
1. Entity Name WINDWALKER MARINA AT CAPE HAZE, LLC			
Principal Place of Business 422 EAST COUNTY ROAD D LITTLE CANADA, MN 55117		Mailing Address 422 EAST COUNTY ROAD D LITTLE CANADA, MN 55117	
2. Principal Place of Business - No P.O. Box # 2033 Main Street		3. Mailing Address 4999 FRANCE AVENUES.	
Suite, Apt. #, etc. STE 600		Suite, Apt. #, etc. STE 248	
City & State Sarasota, FL		City & State MINNEAPOLIS, MN	
Zip 34237		Zip 55410	
Country USA		Country USA	
4. FEI Number 20-2705573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03302009 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Charles J. Bartlett Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street STE 600 City Sarasota FL Zip Code 34237	
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 		DATE 3/31/09	
FILE NOW!!! FEE IS \$277.50 +5.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GARDNER, JEFFREY ALLEN 422 EAST COUNTY ROAD D LITTLE CANADA, MN 55117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADD CAPITAL SOLUTIONS MONTHLY INCOME FUND, L.P. 4999 FRANCE AVENUE South STE 248 MINNEAPOLIS, MN 55410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPS DODDS, EDWARD J 422 E CTY RD D SAINT PAUL, MN 55117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOT DIXON, MARK 422 E CTY RD D SAINT PAUL, MN 55117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100148973411 04/07/09--01030--018 **282.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE Todd A. Duckson, Chief Mgr 3/30/09 952.358.6120	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAY/PHONE #	

REINSTATEMENT



07-09 BSM