2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# M06000005736

Entity Name: ANF COUNTRY LAKE, LLC

Current Principal Place of Business:

23792 ROCKFIELD BLVD STE 200
LAKE FOREST, CA 92630

New Principal Place of Business:

7700 IRVINE CENTER DRIVE
275
IRVINE, CA 92618

Current Mailing Address:

23792 ROCKFIELD BLVD STE 200
LAKE FOREST, CA 92630

New Mailing Address:

7700 IRVINE CENTER DRIVE
275
IRVINE, CA 92618

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ATLANTIC AND PACIFIC MANAGEMENT
622 BANYAN TRAIL
SUITE 150
BOCA RATON, FL 33431 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: MARIE SCHNALL 10/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ATHERTON-NEWPORT FUND 136, LLC
Address: 23792 ROCKFIELD BLVD STE 200
City-St-Zip: LAKE FOREST, CA 92630

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ATHERTON-NEWPORT FUND 136, LLC
Address: 7700 IRVINE CENTER DRIVE SUITE 275
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JONATHAN BROHARD MGRM 10/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date