2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000003814

SILVERMAN, ROBERT A

WASHINGTON, DC 20037

2500 VIRGINIA AVENUE, N.W. SUITE 715

Name:

Address:

City-St-Zip:

Entity Name: FORE MARTA AT MAGNOLIA PARK LLC

FILED Feb 09, 2009 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
5401 S. KIRKMAN ROAD, STE. 310 ORLANDO, FL 32819			1741 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134	
Current Mailing Address:		New Maili	New Mailing Address:	
5401 S. KIRKMAN ROAD, STE. 310 ORLANDO, FL 32819			1741 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134	
FEI Number: 26-0334736 FEI Number Applied For () FEI Number accordance with s. 607.193(2)(b), F.S., the limited liability company did Name and Address of Current Registered Agent:				
NEW, CHRISTOPHER L 5401 S. KIRKMAN ROAD, STE. 310 ORLANDO, FL 32819 US		NEW, CHF 5401 S. KIF	NEW, CHRISTOPHER L 5401 S. KIRKMAN ROAD, STE. 680 ORLANDO, FL 32819 US	
The above in the State	e named entity submits this statement for the purpos e of Florida.	e of changing i	ts registered office or registered agent, or both	
SIGNATURE: CHRISTOPHER L. NEW			02/09/2009	
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete FORE, RICHARD L TRUSTEE 1741 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete BOURNS, HUNTER C III 2522 SOUTH CROATAM HIGHWAY, UNIT #2B NAGS HEAD, NC 27955	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete NEW, CHRISTOPHER L 5401 SOUTH KIRKMAN ROAD, STE. 310 ORLANDO, FL 32819	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition NEW, CHRISTOPHER L 5401 SOUTH KIRKMAN ROAD, STE. 680 ORLANDO, FL 32819	
Title:	MGRM () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER L. NEW MGRM 02/09/2009