2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000006755

HENDRY, ALFRED G

CANADA K7L 1X7,

80 JOHNSON STREET

KINGSTON, ONTARIO

Name:

Address:

City-St-Zip:

Entity Name: OASIS NAPLES APARTMENTS LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
2334 ARBOUR WALK CIRCLE			2277 ARBOUR	2277 ARBOUR WALK CIRCLE	
NAPLES, I	FL 34109		NAPLES, FL 34	4109	
Current Mailing Address:			New Mailing A	New Mailing Address:	
2334 ARBOUR WALK CIRCLE NAPLES, FL 34109				2277 ARBOUR WALK CIRCLE NAPLES, FL 34109	
		mber Applied For() F .S., the limited liability compan	El Number Not Applicable y did not receive the pric		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
STEINBERG, LAWRENCE B 2650 N. MILITARY TRAIL, STE. 240 BOCA RATON, FL US			2277 ARBOUR	BUNCH, EILEEN K 2277 ARBOUR WALK CIRCLE NAPLES, FL 34109 US	
	named entity submits e of Florida.	this statement for the purp	ose of changing its re	gistered office or registered agent, or both	
SIGNATURE: EILEEN K. BUNCH				03/25/2009	
Electronic Signature of Registered Agent				Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHAN	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete SMITH, A. BRITTON 80 JOHNSON STREET CANADA K7L 1X7,	KINGSTON, ONTARIO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MOORE, FRANCINE 80 JOHNSON STREET CANADA K7L 1X7,	KINGSTON, ONTARIO	Title: Name: Address: City-St-Zip:	() Change () Addition	
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: A. BRITTON SMITH MGRM 03/25/2009