

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M99000001024

FILED
Nov 16, 2006
Secretary of State

Entity Name: WESTBROOK LELY GOLF VILLAS I, L.L.C.

Current Principal Place of Business:

9820 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121 US

New Principal Place of Business:

8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

Current Mailing Address:

9820 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121 US

New Mailing Address:

8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

FEI Number: 13-3993408 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

BOBROW, JOEL
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 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: JOEL BOBROW

11/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NNP II-INVESTMENTS I, I,
Address: 9820 TOWNE CENTRE DRIVE
City-St-Zip: SAN DIEGO, CA 92121 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LANGE, LUKE
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LUKE DE LANGE

MGR

11/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date