

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

04 DEC 27 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000010283**

1. Entity Name  
**FIESTA LAPERUSA INVESTMENTS LLC**



Principal Place of Business  
**360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234**

Mailing Address  
**12260 WILLOW GROVE RD  
BLDG #2  
CAMDEN, DE 19934**

2. Principal Place of Business  
**302, Regent Street**

3. Mailing Address  
**302, Regent Street**

Suite, Apt. #, etc.  
**Suite 401**

Suite, Apt. #, etc.  
**Suite 401**

City & State  
**London**

City & State  
**London**

Zip  
**W1B 3HH**

Country  
**United Kingdom**

Zip  
**W1B 3HH**

Country  
**United Kingdom**



12202004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLETCHER, W. RICK**  
**360 SOUTH SHORE DRIVE**  
**SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name  
**FLORIDA FILING AND SEARCH SERVICES**

Street Address (P.O. Box Number is Not Acceptable)  
**1333 NORTH DUVAL STREET**

City  
**TALLAHASSEE**

FL Zip Code  
**32303**

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 *[Signature]* **12/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$200.00**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, CRAIG A MR <input type="checkbox"/> Delete 12260 WILLOW GROVE ROAD CAMDEN, DE 19952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, SYLVIA MRS <input type="checkbox"/> Delete 12260 WILLOW GROVE ROAD, BLDG #2 CAMDEN, DE 19952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, RONALD MR <input type="checkbox"/> Delete 12260 WILLOW GROVE ROAD, BLDG #2 CAMDEN, DE 19952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, MARK MR <input type="checkbox"/> Delete 12260 WILLOW GROVE ROAD, BLDG #2 CAMDEN, DE 19934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10004364054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2004**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **December 20, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L01000010283

FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303  
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 12-27-04

NAME: FIESTA LAPERUSA INVESTMENTS, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$150

RETURN:

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 DEC 27 AM 11:30

RECEIVED

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE