

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**


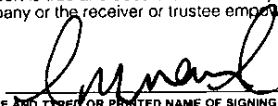
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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



11142007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L01000017088							
1. Entity Name COTTON HOUSE, LLC							
Principal Place of Business 11350 SEA GRASS CIRCLE BOCA RATON, FL 33498 US			Mailing Address 11350 SEA GRASS CIRCLE BOCA RATON, FL 33498 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 52-2351981			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HAVLUCU, BURAK 11350 SEA GRASS CIRCLE BOCA RATON, FL 33498			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAVLULU, BURAK		NAME	600112391536			
STREET ADDRESS	11350 SEA GRASS CIRCLE		STREET ADDRESS	11/19/07--01010--001 **\$50.00			
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAVLULU, SIHEM		NAME				
STREET ADDRESS	11350 SEA GRASS CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			11-14-07 561-338-5080				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #		

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