

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED


2004 NOV 22 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # L02000008084 1. Entity Name BLR CAPITAL MANAGEMENT, LLC |  |
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| Principal Place of Business 111 E FAIRBANKS AVE, STE 100 WINTER PARK, FL 32789 | Mailing Address 111 E FAIRBANKS AVE, STE 100 WINTER PARK, FL 32789 |
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| 2. Principal Place of Business 1977 DUNDEE DR | 3. Mailing Address 1977 DUNDEE DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|--|---------------------|----------------------|
| City & State WINTER PARK FL | City & State WINTER PARK, FL | Zip 32792 | Country US |
| Zip 32792 | Country US | Zip 32792 | Country US |



11182004 REIN-LLC CR2E101 (6/04)

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| 6. Name and Address of Current Registered Agent READ, ALEXANDER 111 E FAIRBANKS AVE, STE 100 WINTER PARK, FL 32789 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1977 DUNDEE DRIVE City WINTER PARK FL Zip Code 32792 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$50.00 After January 1, 2005, 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 NAME STREET ADDRESS CITY-ST-ZIP | P REAP, ALEXANDRE 111 E FAIRBANKS AVE STE 100 WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALEXANDER READ 1977 DUNDEE DRIVE WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEANNEN, CHANCE 111 E FAIRBANKS AVE STE 100 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000042926860 11/22/04--01048--005 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINDEES, ROBERT 111 E FAIRBANKS AVE STE 100 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *A. Read* 11/17/04 4076292746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #