

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -8 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000020029</b> 1. Entity Name XIUJUAN ENTERPRISES, LLC	
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Principal Place of Business 1125 PEGASUS PLACE VERO BEACH, FL 32963	Mailing Address 1125 PEGASUS PLACE VERO BEACH, FL 32963
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2. Principal Place of Business 5995 4th Street Suite, Apt. #, etc.	3. Mailing Address 5995 4th Street Suite, Apt. #, etc.
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City & State Vero Beach FL Zip 32968 Country USA	City & State Vero Beach FL Zip 32968 Country USA
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12012004 REIN-LLC CR2E101 (6/04)

**6. Name and Address of Current Registered Agent**

LASSWELL, ANITA B  
 1037 POITRAS DRIVE  
 VERO BEACH, FL 32963

**7. Name and Address of New Registered Agent**

Name Lasswell, Anita  
 Street Address (P.O. Box Number is Not Acceptable)  
5995 4th Street  
 City Vero Beach FL Zip Code 32968

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 Anita B. Lasswell DATE 12-6-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LASSWELL, WILLIAM L JR	
STREET ADDRESS	1125 PEGASUS PLACE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lasswell, William L Jr.	
STREET ADDRESS	5995 4th Street	
CITY-ST-ZIP	Vero Beach FL 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: William L. Lasswell, Jr. DATE 12/6/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE