


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:06

DOCUMENT # L04000003152 1. Entity Name 7516 & 7528 LAND OWNERS, LLC	
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Principal Place of Business 501 BRICKELL KEY DRIVE 300 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE 300 MIAMI, FL 33131
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2. Principal Place of Business 848 Brickell Key Dr Suite, Apt. #, etc 901 City & State miami, FL Zip 33181 Country	3. Mailing Address 848 Brickell Key Dr. Suite, Apt. #, etc 901 City & State miami, FL Zip 33181 Country	11222006 REIN-LLC CR2E101 (11/05) 4. FEI Number 61-1466041 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WELLONS, TERRY 501 BRICKELL KEY DRIVE MIAMI, FL 33131 848 Brickell Key Dr. #901 TW	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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: *Terry Wellons* DATE: 12/1/06

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After January 1, 2007, Fee will be \$200.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	WELLONS, TERRY
STREET ADDRESS	501 BRICKELL KEY DRIVE, 300 848 Brickell Key Dr. #901
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR <input type="checkbox"/> Delete
NAME	HERRERA, GERMAN
STREET ADDRESS	501 BRICKELL KEY DRIVE, 300
CITY-ST-ZIP	MIAMI, FL 33131
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Terry Wellons* DATE: 12/1/06 DAYTIME PHONE #: 305-283-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE