


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAR 27 PM 3: 37

DOCUMENT # L04000044053 1. Entity Name 630 SOUTH, LLC					
Principal Place of Business 5055 N A1A VERO BEACH, FL 32963		Mailing Address 5055 N A1A VERO BEACH, FL 32963			
2. Principal Place of Business - No P.O. Box # 630 South Street Suite, Apt. #, etc.		3. Mailing Address 630 South Street Suite, Apt. #, etc.			
City & State Key West FL Zip 33040		City & State Key West FL Zip 33040		4. FEI Number 20-1449510	
Country Monroe		Country Monroe		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTTENMACHER, EDWARD P 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name JULIE ANN GARBER The Andersen Firm Street Address (P.O. Box Number is Not Acceptable) 1010 Kennedy Drive Suite 201 City Key West FL Zip Code 33040	
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 <i>Julie Ann Garber</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JULIE ANN GARBER <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/20/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, SUSAN 5055 N A1A VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Murphy, Susan 630 South Street Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, MICHAEL 5055N A1A VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500121197515 03725708--01018--016 **377.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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 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: <i>Susan Murphy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				2/28/08 <small>Date</small>	
				<small>Daytime Phone #</small>	

REINSTATEMENT