

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 APR 28 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L07000002814**



1. Entity Name  
3725-3805 S. DIXIE HIGHWAY LLC

Principal Place of Business % J.P. MORGAN TRUST COMPANY OF DELAWARE 500 STANTON CHRISTINA ROAD NEWARK, DE 19713	Mailing Address % J.P. MORGAN TRUST COMPANY OF DELAWARE 500 STANTON CHRISTINA ROAD NEWARK, DE 19713
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>90 VIA NIZNER</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State <b>PALM BEACH, FL</b>	
Zip	Country	Zip <b>33480</b> Country <b>USA</b>

04202009 REIN-LLC CR2E101 (1/07)

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 *Barbara A. Burke* **Barbara A. Burke** **Special Assistant Secretary** **4-20-09**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$277.50**

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	MGRM SUN BAY HOLDINGS, LLC <input type="checkbox"/> Delete % CORPORATION TRUST CENTER, 1209 ORANGE ST WILMINGTON, DE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		200138010382 11/17/08 01057 017	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$138.75
		70015212430 04/23/09--01003--012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition **138.75
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008-09 JB

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: *[Signature]* **4-21-09 (561) 802-3088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #