

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 90 VIA NIZNER
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202009 REIN-LLC CR2E101 (1/07)

City & State PALM BEACH, FL	City & State PALM BEACH, FL	4. FEI Number
Zip 33480	Country USA	<input type="checkbox"/> 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUN BAY HOLDINGS, LLC % CORPORATION TRUST CENTER, 1209 ORANGE ST WILMINGTON, DE <input type="checkbox"/> Delete	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 #