

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV -9 A 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007 REIN-LLC CR2E101 (1/07)

DOCUMENT # M06000004249 1. Entity Name 7765 PRESERVE LANE LLC					
Principal Place of Business 739 BETA DRIVE CLEVELAND, OH 44143			Mailing Address 739 BETA DRIVE CLEVELAND, OH 44143		
2. Principal Place of Business - No P.O. Box # 7765 Preserve Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples, FL		City & State Suite, Apt. #, etc.			
Zip 34109		Country U.S.A.		4. FEI Number 10092007	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent A.G.C. CO 200 S. ORANGE AVENUE, 23RD FLOOR ORLANDO, FL 32801			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.					
(X) SIGNATURE <u>Jeffrey E. Decker</u> <u>Jeffrey E. Decker Vice President</u> <u>10/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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 PUNZICA, NACY TRUSTEE 739 BETA DRIVE CLEVELAND, OH 44143 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP PANZICA, NACY TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 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 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE 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: <u>Nacy Panzica</u> <u>MANAGING MEMBER</u> <u>10/19/07</u> <u>216-524-8900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

REINSTATEMENT

Baker Hostetler

Baker & Hostetler LLP

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October 17, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

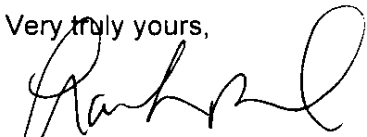
Re: *7765 Preserve Lane LLC*
Client-Matter No. 38202-99001

Dear Sir or Madam:

Enclosed herewith is the originally signed Reinstatement for 7765 Preserve Lane LLC and check payable to the Florida Department of State in the amount of \$50.00, representing the filing fee. Please file the Statement with the State.

Please do not hesitate to contact me should you have any questions or comments.
Thank you.

Very truly yours,



Laurie L. Bergstresser
Paralegal

Enclosures