

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000093043							
1. Entity Name 1699 LLC FINE TRAVEL LLC							
Principal Place of Business 1699 GULFSHORE BLVD NAPLES, FL 34103			Mailing Address 1699 GULFSHORE BLVD S NAPLES, FL 34103				
2. Principal Place of Business - No P.O. Box # 2828 CRAYTON Rd.		3. Mailing Address PO BOX 11448					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State NAPLES FL.		City & State NAPLES FL		4. FEI Number 20-350,7118			
Zip 34103		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 34101		Country U.S.A		Applied For Not Applicable			
6. Name and Address of Current Registered Agent FINE, ROGER 1699 GULFSHORE BLVD S NAPLES, FL 34103			7. Name and Address of New Registered Agent				
			Name FINE ROGER				
			Street Address (P.O. Box Number is Not Acceptable) 2828 CRAYTON Rd				
			City NAPLES		FL	Zip Code 34103	
			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 Roger H. Fine <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 3/20/07				
FILE NOW!!! FEE IS \$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 FINE, ROGER 1699 GULFSHORE BLVD S NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE ROGER 2828 CRAYTON Rd. NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE, DOMINIQUE 1699 GULFSHORE BLVD S NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE DOMINIQUE 2828 CRAYTON RA NAPLES FL 34103	<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	500095222315 03/29/07--01026--019 **100.00	<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	06-07	<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		
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: Roger H. Fine <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/20/07 <small>Daytime Phone #</small>				