


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000094608</b> 1. Entity Name <b>CARBRA MANAGEMENT, L.L.C.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

09 MAY 21 AM 10:34



Principal Place of Business 11586 QUAIL VILLAGE WAY NAPLES, FL 34119	Mailing Address 11586 QUAIL VILLAGE WAY NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04132009 REIN-LLC CR2E101 (1/07)

City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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**

CAROLLO, THOMAS  
 11586 QUAIL VILLAGE WAY  
 NAPLES, FL 34119

**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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 4-25-09

**FILE NOW!!! FEE IS \$377.50**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAROLLO, THOMAS 11586 QUAIL VILLAGE WAY NAPLES, FL 34119	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANDWEIN, RICHARD E 1 N. LASALLE STREET, #1450 CHICAGO, IL 60602	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100155460121 05/05/09--01037--020 ***377.50	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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]* Date 5-25-09 Daytime Phone 813-822-0731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE