


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 11:36

DOCUMENT # L00000013038 1. Entity Name SHOREWALKER PLACE LLC					
Principal Place of Business 777 EAST ATLANTIC AVENUE, SUITE Z-250 DELRAY BEACH, FL 33483			Mailing Address 777 EAST ATLANTIC AVENUE, SUITE Z-250 DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		12282004 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number 65-1051749	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEBODNIK, DONNA R ESQ 1551 FORUM PLACE SUITE 2200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name SLEBODNIK, DONNA R. ESQ Street Address (P.O. Box Number is Not Acceptable) 39 SURF ROAD City BOYNTON BEACH FL 33483		
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 <u><i>Donna R. Esq</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04-05</u>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			REINSTATEMENT		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWES, JACQUELINE A 777 EAST ATLANTIC AVENUE, SUITE Z-250 DELRAY BEACH, FL 33483 <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	S DAWES, JONATHAN 777 EAST ATLANTIC AVENUE, SUITE Z-250 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500045034 PPS 01/19/05--01052--018 **205.00 <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	<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 exemption stated in Section 119.07(3)(i), 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><i>Jacqueline A DAWES</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>14th January 2005</u> Date Daytime Phone #		

TEL 865 924 9040