	PLEASE READ	L) NSTRUC	JONS BEFOR	COMPLET	APPRUYE: NG THIS FORM AND FILED	1982	
COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY C			TE	SECRETARY OF STATE			
1. Limited L E/ 86	IMENT # LOIOOOG iability Company's Name MERALD PROPERT 660 CRESTGATE RLANDO, FL 32	TES LLC CIRCLE			TALLAHASSEE. FLO	IRIDA	
2. Principal Office Address		3. Mailing Office Address		9500536	GENERARA D G.S. S. PROST. CO. S. C.		
8660 CRESTGATE CIRCU				_	4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organ	FL/US 5. Date Organized or Qualified		
City & State ORLANDO FL		City & State		To Do Busi	To Do Business in Florida 5/14/01 6. FEI Number Applied For		
Zip Country 32819 UB		Zip	Zip Country		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City ORLANDO State Zip Code FL 32819 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN						CR2E041 (10/02)	
10. Name	s and Street Addresses of Managing Me	mbers/Managers	1				
Titles	tles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGR			8660 CRESTGATE CIRCLE		ORLANDO, FL 32819		
					- No		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager Auru 12. Date 11. 2063. Daytime Phone# 407. 938. 4958							

Typed or printed name of signing Managing Member/Manager

Zip

EMERALD PROPERTIES, LLC 8660 CRESTGATE CIRCLE ORLANDO, FL 32819 TEL. (407) 876-1991

November 20, 2003

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Emerald Properties, LLC Document # L01000007785

Dear Sir or Madam:

Enclose is the reinstatement form for Emerald Properties, LLC along with the filing fees of one hundred dollars (\$100.00) for the years 2002 and 2003. The Uniform Business Report for 2002 and 2003 were apparently mailed to the site of the property under construction and was never delivered to me. I was also unaware that a report must be filed for a Limited Liability Company and therefore never follow up on this matter. Our Accountant recently observed and notified us that we have not submitted our Uniform Business Report for the years 2002 and 2003.

We realize that this report is late in coming and apologize for any inconvenience as a result of the delay. We respectfully request an abatement of any associated penalties, as there is clearly no intension of withholding our filing fees.

Respectfully,

Adrian McCloskey Manager/Member

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