


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003
UBR

 FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT# L01000022725

Name and Mailing Address

0010943 01 FP 0,352 **PRST H2 0 0615 32860-812323



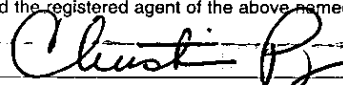
IMMOBILI INVESTMENTS, LLC
P.O. BOX 608123
ORLANDO FL 32860-8123



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/21/2001	
Principal Place of Business 2816 W. FAIRBANKS AVENUE WINTER PARK FL 32789	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 72-1522066	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PAGE, CHRISTINA M ESQ 5850 LAKEHURST DRIVE, SUITE 205 ORLANDO FL 32819	9. Name and Address of New Registered Agent Name Christina M. Page, Esq. Street Address (P.O. Box Number is Not Acceptable) 1232 Sandlake Rd, #200 City Orlando FL Zip Code 32819
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10. I, 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  Date 2/26/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SANDRONI PROPERTY MANAGEMENT, INC.	2816 W FAIRBANKS AVENUE	WINTERPARK FL 32789

12. 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  Date 2/3/03 Daytime Phone # 407 647 3532

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)