





# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:59

<b>DOCUMENT # L02000007243</b>					
<b>1. Entity Name</b> BROOKSIDE APARTMENTS, LLC					
<b>Principal Place of Business</b> 560 YAWL LANE LONGBOAT KEY, FL 34228			<b>Mailing Address</b> C/O WILL G. SCHLOTTHAUER 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		
<b>2. Principal Place of Business</b> 3575 SCHOOL AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 529 ROCKLAND AVENUE Suite, Apt. #, etc.			
<b>City &amp; State</b> SARASOTA, FL		<b>City &amp; State</b> MAMARONECK, NY		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34237		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHLOTTHAUER, WILL G 200 SOUTH ORANGE AVE. SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b>		
SCHLOTTHAUER, WILL G 200 SOUTH ORANGE AVE. SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>8/1/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> MARTIN, HOWARD <b>STREET ADDRESS</b> 45 MURRAY HILL ROAD <b>CITY-ST-ZIP</b> SCARSDALE, NY 10583	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> MARTIN, HOWARD <b>STREET ADDRESS</b> 560 YAWL LANE <b>CITY-ST-ZIP</b> LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>  <u>HOWARD MARTIN</u> <u>7/24/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					