

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000007681

**FILED**  
**Sep 25, 2006**  
**Secretary of State**

**Entity Name:** ALLIANCE REAL ESTATE SOLUTIONS, LLC

**Current Principal Place of Business:**

4048 NW 90TH AVE.  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

PO BOX 450847  
SUNRISE, FL 33345 US

**Current Mailing Address:**

4048 NW 90TH AVE.  
SUNRISE, FL 33351 US

**New Mailing Address:**

PO BOX 450847  
SUNRISE, FL 33345 US

**FEI Number:** 45-0471534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WATSON, SEAN S  
4048 NW 90TH AVE.  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

WATSON, SEAN S  
8301 N. CORAL CIR.  
NORTH LAUDERDALE, FL 33068 US

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.

SIGNATURE: SEAN WATSON

09/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WATSON, SEAN  
Address: 4048 NW 90TH AVE.  
City-St-Zip: SUNRISE, FL 33351 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WATSON, SEAN  
Address: PO BOX 450847  
City-St-Zip: SUNRISE, FL 33345 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SEAN WATSON

MGR

09/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date