


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 11 AM 10:59

DOCUMENT # L02000010052					
1. Entity Name F.I. VILLA, LLC					
Principal Place of Business 7653 FISHER ISLAND DR FISHER ISLAND, FL 33109		Mailing Address 7653 FISHER ISLAND DR FISHER ISLAND, FL 33109			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09062006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JEFFREY E. LEVEY, P.A. 9155 SOUTH DADELAND BLVD., STE. 1006 MIAMI, FL 33156			Name <u>James K. Neff</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>7653 Fisher Island Drive</u>		
			City <u>Fisher Island</u> FL Zip Code <u>33109</u>		
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>James K. Neff</u>			DATE <u>9/6/05</u>		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME <u>wrong</u> MGRM NEFF, JAMES <input type="checkbox"/> Delete	STREET ADDRESS 7353 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		TITLE NAME Neff, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 7653 Fisher Island Drive Fisher Island FL 33109	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <u>07/20/05 90066004 \$50.00</u>	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <u>200079879812</u> <u>09/15/06--01045--008 **50.00</u>	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS REINSTATEMENT 05-06	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>James K. Neff</u>			Date <u>9/6/05</u> Daytime Phone # <u>2088476000</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					