

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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

<b>DOCUMENT # L02000010052</b> 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			
Zip	Country	Zip	Country	09062006 REIN-LLC CR2E101 (11/05)	
4. FEI Number APPLIED FOR				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  JEFFREY E. LEVEY, P.A. 9155 SOUTH DADELAND BLVD., STE. 1006 MIAMI, FL 33156			7. Name and Address of New Registered Agent 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 <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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>9/6/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$200.00</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME <u>wrong</u> STREET ADDRESS <u>MGRM</u> CITY-ST-ZIP <u>NEFF, JAMES</u> <u>7353 FISHER ISLAND DRIVE</u> <u>FISHER ISLAND, FL 33109</u>	<input type="checkbox"/> Delete		TITLE NAME <u>Neff, James</u> STREET ADDRESS <u>7653 Fisher Island Drive</u> CITY-ST-ZIP <u>Fisher Island FL 33109</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>9/6/05</u> 2008476000 <small>Daytime Phone #</small>		