

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 OCT 31 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L02000010625		
1. Entity Name DIXIE ARBORS L.L.C.		

Principal Place of Business 1900 NW CORPORATE BLVD., SUITE 102W BOCA RATON, FL 33431	Mailing Address 1900 NW CORPORATE BLVD., SUITE 102W BOCA RATON, FL 33431
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2. Principal Place of Business 4800 N Federal Hwy Suite, Apt. #, etc. Ste B205 City & State Boca Raton, FL Zip 33431 Country USA	3. Mailing Address 4800 N Federal Hwy Suite, Apt. #, etc. Ste B205 City & State Boca Raton, FL Zip 33431 Country USA
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10252006 REIN-LLC CR2E101 (11/05)

4. FEI Number 03-0441218	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ZUKER, HARRY 1900 NW CORPORATE BLVD., STE. 102 W WEST BUILDING BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Zuker, Harry Street Address (P.O. Box Number is Not Acceptable) 4800 N Federal Hwy Ste B205 City Boca Raton FL Zip Code 33431
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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 DATE 10/26/06
Signature of the owner, president, or other person in control of the limited liability company and (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZUKER, HARRY 1900 NW CORPORATE BLVD, 102W BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4800 NW Corporate Blvd, Ste B205 Boca Raton, FL 33431
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 800081390918 10/31/06--01057--018 **50.00
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/26/06 561-999-0906
Date Daytime Phone #