



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000019976 1. Entity Name STUART INTERCHANGE, LLC						FILED 2005 OCT 17 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 917 CENTRAL PARKWAY STUART, FL 34994				Mailing Address 917 CENTRAL PARKWAY STUART, FL 34994			
2. Principal Place of Business 3125 SW Mapp Rd Suite, Apt. #, etc. Palm City, Fla		3. Mailing Address 3125 SW Mapp Rd Suite, Apt. #, etc.		10112005 REIN-LLC CR2E101 (6/04)			
City & State Palm City, Florida		City & State Palm City, Florida		4. FEI Number 75-3075409		Applied For Not Applicable	
Zip 34990		Country USA		Zip 34990		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, 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 MGRM PRINCE, JOEL 917 CENTRAL PARKWAY STUART, FL 34994				TITLE NAME STREET ADDRESS CITY-ST-ZIP 000060689020 10/17/05--01075--003 **50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Joel Prince</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>10/17/05</u> 772-231-8500 <small>Daytime Phone #</small>			