



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:04

DOCUMENT # L02000021006					
1. Entity Name BUILDER REVENUE OF FLORIDA, LLC					
Principal Place of Business 225 MILLBURN AVENUE, SUITE 210 MILLBURN, NJ 07041			Mailing Address 225 MILLBURN AVENUE, SUITE 210 MILLBURN, NJ 07041		
2. Principal Place of Business 26 MAIN ST Suite, Apt. #, etc. SUITE 200		3. Mailing Address 26 MAIN ST Suite, Apt. #, etc. SUITE 200			
City & State CHATHAM NJ		City & State CHATHAM NJ		11302006 REIN-LLC CR2E101 (11/05)	
Zip 07928		Country USA		4. FEI Number 71-0900449	
Zip 07928		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI C/O DAVID B. MCCREA 201 S. BISCAYNE BLVD., SUITE 1500(DBM) MIAMI, FL 33131			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 <i>David Mccrea</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>December 28, 2006</i>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUILDER REVENUE, INC. 225 MILLBURN AVENUE, SUITE 210 MILLBURN, NJ 07041	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUILDER REVENUE, INC. 26 MAIN ST - SUITE 200 CHATHAM, NJ 07928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLAR, BRIAN M 225 MILLBURN AVENUE, SUITE 210 MILLBURN, NJ 07041	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIAN STOLAR 26 MAIN ST SUITE 200 CHATHAM, NJ 07928	<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	800084148418 01/12/07--01011--014 **150.00	<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	REINSTATEMENT 2006	<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: <i>Brian M. Stolar</i>				Date: <i>12/28/2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					