

2006 LIMITED LIABILITY COMPANY, REINSTATEMENT

DOCUMENT # L02000028304

1. Entity Name
VILLAS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10: 51

Principal Place of Business Mailing Address

C/O ROBERT S. FONNAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309

1573 E HARMONY LAKE CIR
DAVIE, FL 33324

2. Principal Place of Business 3. Mailing Address

C/O Robert S. Forman, P. A. Suite 2800

Suite, Apt. #, etc. Suite, Apt. #, etc.

2101 W. Commercial Blvd., 06062006 REIN-LLC CR2E101 (11/05)



City & State City & State

Fort Lauderdale, FL

4. FEI Number Applied For

APPLIED FOR Not Applicable

Zip Country Zip Country

33309 US

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Mark J. Lynn, Esquire

Street Address (P.O. Box Number is Not Acceptable)
C/O Robert S. Forman, P. A.

2101 W. Commercial Blvd., Suite 2800

City State Zip Code
Fort Lauderdale FL 33309

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:  Mark J. Lynn, Esquire 6/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	ELMES, TIMOTHY	C/O 2101 WEST COMMERCIAL BLVD., SUITE 4100	FT LAUDERDALE, FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>

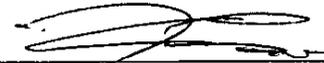
10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	Elmes, Timothy	C/O 2101 West Commercial Blvd., #2800	Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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06/19/06--01005--022 **100.00

REINSTATEMENT 05-06

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:  6/6/06 954-735-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mark J. Lynn as Authorized Representative of Member