
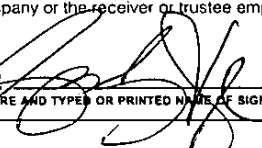


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 30 AM 9:50

<b>DOCUMENT # L03000003666</b> 1. Entity Name <b>BR INVESTMENTS, LLC</b>					
Principal Place of Business <b>P.O. BOX <del>50004</del> 3319</b> <b>SARASOTA, FL <del>34232</del> 34230</b>				Mailing Address <b>P.O. BOX <del>50004</del> 3319</b> <b>SARASOTA, FL <del>34232</del> 34230</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR 02-0674212</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KING, ROBIN R</b> <b><del>1540 PACIFIC DRIVE</del> 1634 Main ST.</b> <b>SARASOTA, FL <del>34230</del> 34236</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KING, WILLIAM A</b> <b>P.O. BOX <del>50004</del> 3319</b> <b>SARASOTA, FL <del>34232</del> 34230</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KING, ROBIN R</b> <b>P.O. BOX <del>50004</del> 3319</b> <b>SARASOTA, FL <del>34232</del> 34230</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			<b>REINSTATEMENT 05-06</b>		
<b>SIGNATURE:</b> 			<b>Managing Member</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>6/19/06</b> Daytime Phone # <b>941-9570775</b>		