## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # £030000009  1. Entity Name CHUB PROPERTIES, LLC	751		SECRETARY OF STATE DIVISION OF CORPORATIONS  05 JAN 24 AM 10: 25
Principal Place of Business 947 CLINT MOORE ROAD BOCA RATON, FL 33487	Mailing Address 947 CLINT MOORE ROA BOCA RATON, FL 3348		
Principal Place of Business     1407 W. Newport Ctr. Dr. Suite, Apt. #, etc.	3. Mailing Address  1.407 W. Ne Suite, Apt. #, etc.	ewport Ci	Dr. 01132005 REIN-LLC CR2E101 (6/04)
City & State  Deerfield Beach, FL  Zip Country  33442 USA	City & State  Deerfield Be Zip  33442	each, FL Country USA	4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MINERLEY, KENNETH L  C/O BLOCH, MINERLEY & FEIN, P.L.  980 NORTH FEDERAL HIGHWAY, SUITE 412  BOCA RATON, FL 33432  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)			
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  Signature typed or printed name of registered agent about the 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  10. ADDITIONS/CHANGES			
9. MANAGING MEMBE  IITLE MGRM  NAME KAMM, ROBERT A  STREET ADDRESS 947 CLINT MOORE ROAD  CITY-ST-ZIP BOCA RATON, FL 33487	Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES  Addition  1407 W.Newport Center Drive Deerfield, Beach, FL 33442
TITLE MGRM  NAME BROWN, BRADLY  STREET ADDRESS 947 CLINT MOORE ROAD  CITY-ST-ZIP BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change — Addition — DODD-45211910 — 01/24/0501011008 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 7
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:  SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Dayline Phone #			