2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023746

Entity Name: FLORIDA INVESTMENT INCOME PROPERTY, LLC

FILED Sep 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6400 N. ANDREWS AVE, STE 320 5401 N UNIVERSITY DR FT LAUDERDALE, FL 33309

204

CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

6400 N. ANDREWS AVE, STE 320 5401 N UNIVERSITY DR

FT LAUDERDALE, FL 33309 204 CORAL SPRINGS, FL 33067

FEI Number: 56-2412309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHARD HARRIS & ASSOCIATES, P.A. DUBROW DUKER & ASSOCIATES PA 6400 N. ANDREWS AVE, STE 320 5401 N UNIVERSITY DRIVE

FT LAUDERDALE, FL 33309 204 CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: ALAN DUBROW 09/25/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition ANKARI, SUSAN MEMBER ANKARI, SUSAN MEMBER Name: Name: Address: 6400 N. ANDREWS STE320 Address: 5645 CORAL RIDGE DRIVE City-St-Zip: FT. LAUDERDALE, FL 33309 US City-St-Zip: CORAL SPRINGS, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN ANKARI **MEMB** 09/25/2007