

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03272007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L03000034643	
1. Entity Name SCHWARTZ CHARLOTTE GROVE PROPERTIES, L.L.C.	



Principal Place of Business 965 WILLIS AVENUE ALBERTSON, NY 11507		Mailing Address 965 WILLIS AVENUE ALBERTSON, NY 11507	
1004 A N. LOCKWOOD RIDGE RD SARASOTA, FL 34237			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent:  DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARSOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$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 SCHWARTZ, EUGENE 1004 A N LOCKWOOD RIDGE ROAD SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900101935319 05/09/07--01008--002 **200.00
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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: Eugene Schwartz 4/10/07 941-366-5229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #