

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

|   |   |
|---|---|
| <b>DOCUMENT # L03000044610</b><br>1. Entity Name<br>WM TOWNHOMES, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3325 HOLLYWOOD BLVD<br>#401<br>HOLLYWOOD, FL 33021 | Mailing Address<br>3325 HOLLYWOOD BLVD<br>#401<br>HOLLYWOOD, FL 33021 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>540 NW 165 <sup>th</sup> STREET ROAD<br>Suite, Apt. #, etc.<br># 310 | 3. Mailing Address<br>540 NW 165 <sup>th</sup> STREET ROAD<br>Suite, Apt. #, etc.<br># 310 |
|--|--|

L03000044610C)

03242006 REIN-LLC CR2E101 (11/05)

|   |   |
|---|---|
| City & State<br>Miami, FL<br>Zip<br>33169<br>Country<br>USA | City & State<br>Miami, FL<br>Zip<br>33169<br>Country<br>USA |
|---|---|

|  |  |
|--|--|
| 4. FEI Number<br>14-1900586  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>DOMUS INVESTMENT GROUP, LLC<br>3325 HOLLYWOOD BLVD.<br>#401<br>HOLLYWOOD, FL 33021 | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code |
|---|---|

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.

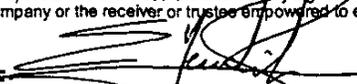
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

|                             |  |  |
|-----------------------------|--|--|
| 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<br>Florida Department of State |
|-----------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS   |                                 | 10. ADDITIONS/CHANGES  |  |
|--|---------------------------------|--|--|
| TITLE<br>MGR<br>NAME<br>DOMUS INVESTMENT GROUP, LLC<br>STREET ADDRESS<br>3325 HOLLYWOOD BLVD. #401<br>CITY - ST - ZIP<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>540 NW 165 <sup>th</sup> STREET ROAD #310<br>Miami, FL 33169 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>05/04/05-90044-040-\$50.00                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>800075295131<br>04/25/05-0022-000 \$50.00                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>100075295131<br>05/25/05-01003-009 **\$50.00                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>REINSTATEMENT 05-06  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:  DATE: 3/24/06 (305)944-8844

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