


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 31 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044681 1. Entity Name LOUIS J. PEARLMAN ENTERPRISES, LLC	
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Principal Place of Business 12488 PARK AVENUE WINDERMERE, FL 34786	Mailing Address 12488 PARK AVENUE WINDERMERE, FL 34786
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2. Principal Place of Business - No P.O. Box # 1814 WINDERMERE DOWN PLACE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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12152008 REIN-LLC CR2E101 (1/07)

City & State WINDERMERE, FL	City & State	4. FEI Number 20-2340263	Applied For <input type="checkbox"/> Not Applicable
Zip 34786	Country USA	Zip	Country

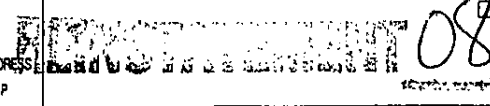

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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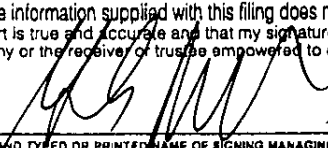
6. Name and Address of Current Registered Agent PEARLMAN, LOUIS J 12488 PARK AVENUE WINDERMERE, FL 34786	7. Name and Address of New Registered Agent Name MILLS, GEORGE E. Street Address (P.O. Box Number is Not Acceptable) 1814 WINDERMERE DOWN PLACE City WINDERMERE
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8. 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 	GEORGE E. MILLS DATE 12/29/08

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	GERMAN INVEST UND FINANZ BERATUNG GMBH
STREET ADDRESS	GEWERBERING 5
CITY-ST-ZIP	KEVELAER, GERMANY, GE 4623
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, GEORGE E.
STREET ADDRESS	P.O. BOX 995
CITY-ST-ZIP	GOTHA, FL 34734-0995
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700139408567
STREET ADDRESS	12/31/08--01087--007 **238.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	GEORGE E. MILLS DATE 12/29/08