

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000046471

**FILED**  
**Oct 25, 2004**  
**Secretary of State**

**Entity Name:** 808 BIRDIE VIEW POINT, LLC

**Current Principal Place of Business:**

808 BIRDIE VIEW POINT  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

808 BIRDIE VIEW POINT  
SANIBEL ISLAND, FL 33957

**New Mailing Address:**

FEI Number: 02-0715194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

URKOVICH, RONALD S ESQ  
2323 WOOSTER LN  
SANIBEL ISLAND, FL US

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

HAI, MAHMOOD A MD  
808 BIRDIE VIEW POINT  
SANIBEL ISLAND, FL 33957 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: MAHMOOD A. HAI

10/25/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HAI, MAHMOOD A  
Address: 808 BIRDIE VIEW POINT  
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: MGRM ( ) Delete  
Name: HAI, ANNETTE A  
Address: 808 BIRDIE VIEW POINT  
City-St-Zip: SANIBEL ISLAND, FL 33957

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAHMOOD A. HAI

MGRM

10/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date