

2005-LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054456						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 SEP 13 AM 10:46 	
1. Entity Name BRUNSWICK PROPERTIES, LLC							
Principal Place of Business 432 MAIN STREET #126 WINDERMERE, FL 34786		Mailing Address 432 MAIN STREET #126 WINDERMERE, FL 34786		09212005 REIN-LLC CR2E101 (6/04)			
2. Principal Place of Business 919 Orange Ave.		3. Mailing Address 919 Orange Ave					
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202					
City & State Winter Park, FL.		City & State Winter Park, FL.		4. FEI Number 20-0500421		Applied For <input type="checkbox"/> Not Applicable	
Zip 32789		Country USA		Zip 32789		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent CYR, STEVE A 432 MAIN STREET #126 WINDERMERE, FL 34786				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 CYR, STEVE 432 MAIN ST #126 WINDERMERE, FL 34786			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060362596 10/07/05--01048--021 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 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 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 _____ Daytime Phone # 407-644-7371			