



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000055029 1. Entity Name PBIHO PROPERTIES, LLC					
Principal Place of Business 2828 S. SEACREST BLVD. SUITE 209 BOYNTON BEACH, FL 33435 US			Mailing Address 2828 S. SEACREST BLVD. SUITE 209 BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business 2320 S. SEACREST BLVD. Suite, Apt. #, etc. SUITE 300 City & State BOYNTON BEACH, FL Zip 33435 Country US		3. Mailing Address 2320 S. SEACREST BLVD. Suite, Apt. #, etc. SUITE 300 City & State BOYNTON BEACH, FL Zip 33435 Country US			
10112004 REIN-LLC CR2E101 (6/04)				4. FEI Number 20-0671165	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433			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 11/16/04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$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 Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>[Signature]</i>			Date: 10/29/04		Daytime Phone #: (561) 740 3377