
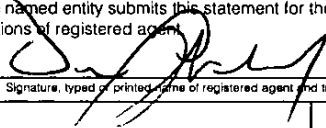

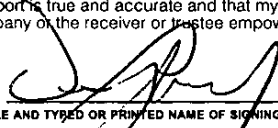


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000000302 1. Entity Name PINE HAVEN, LLC					
Principal Place of Business 3005 DOUGLAS BLVD # 150 BETHESDA, MD 20817			Mailing Address 3005 DOUGLAS BLVD # 150 BETHESDA, MD 20817		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		07	
City & State Zip Country		City & State Zip Country		02132008 REIN-LLC CR2E101 (1/07)	
4. FEI Number 52-2421337				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIVERSIFIED INVESTMENT SERVICES, LLC 701 N. HERCULES, SUITE F CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Drennen L. Whitmire, Jr., Esquire Street Address (P.O. Box Number is Not Acceptable) 660 U.S. Highway No. 1, Third Floor City North Palm Beach FL Zip Code 33408		
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 			Drennen L. Whitmire, Jr., Esquire, Registered Agent <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAASE, BARRY L 7800 PERSIMMON TREE LANE, SUITE 100 BETHESDA, MD 20817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Haase, Barry L. 1650 Lands End Road Manalapan, FL 33462	<input checked="" 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	600118446556 02/20/08-01031-002 ***382.50	<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
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
REINSTATEMENT 2007-2008					
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: 			Drennen L. Whitmire, Jr., Esquire - Authorized Agent		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED
 08 FEB 15 PM 1:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA