FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 25 AM 11:47

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006
LIMITED LIABILITY COMPANY ~~REINSTATEMENT~~ Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000006743

1. Limited Liability Company's Name
CASA DEL MAR REALTY, LLC

2. Principal Office Address	3. Mailing Office Address
1011 MIRAMAR AVE	PO BOX 9302
Suite, Apt. #, etc. UNIT #10	Suite, Apt. #, etc.
City & State INDIALANTIC, FL	City & State LYNDHURST, NJ
Zip 32903 Country BREVARD	Zip 07071 Country BERGEN

4. State/Country of Formation FLORIDA / BREVARD
5. Date Organized or Qualified To Do Business In Florida 1/26/04
6. FEI Number 27-0077580 [X] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

310126 010104 005 $150.00

8. Name and Address of Current Registered Agent

Name: CURTIS R. MOSLEY, ESQ
Street Address (P.O. Box Number is Not Acceptable): 1221 EAST NEW HAVEN AVENUE
Suite, Apt. #, Etc.:
City: MELBOURNE State: FL Zip Code: 32901

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DOMINICK A. VILLANO	652 ELM ST	MAYWOOD, NJ 07607
MGRM	KRISTINA L. VILLANO	652 ELM ST	MAYWOOD, NJ 07607

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 10/10/06 Daytime Phone # 201-647-2070

Typed or printed name of signing Managing Member/Manager: DOMINICK VILLANO