

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000014191

Entity Name: INVESTORS' REALTY, LLC

FILED  
Oct 11, 2005  
Secretary of State

**Current Principal Place of Business:**

24357 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955 US

**New Principal Place of Business:**

**Current Mailing Address:**

24357 TREASURE ISLAND BLVD  
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEGAL ZOOM NEVADA INC.  
44 W. FLAGLER ST.,  
SUITE 675  
MIAMI, FL 33130 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: PAUL B. FORSBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORSBERG, PAUL B  
Address: 24357 TREASURE ISLAND BLVD  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: MGRM ( ) Delete  
Name: DANIELS, JOYCE M  
Address: 24357 TREASURE ISLAND BLVD  
City-St-Zip: PUNTA GORDA, FL 33955 US

**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: PAUL B. FORSBERG

MGR

10/11/2005

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