

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000033798

1. Entity Name
RMB PROPERTY DEVELOPMENT GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -8 AM 9:26

Principal Place of Business
1415 BEAR ISLAND DRIVE
WEST PALM BEACH, FL 33409

Mailing Address
1415 BEAR ISLAND DRIVE
WEST PALM BEACH, FL 33409

2. Principal Place of Business
1240 U.S. Highway ONE

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.

City & State
NO. PALM BEACH, FLORIDA

City & State

Zip
33408

Country
USA

Zip

Country

11072005 REIN-LLC CR2E101 (6/04)

4. FEI Number
11-3719189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES M ESQ.
1211 THE PLAZA
SINGER ISLAND, FL 33404-4740

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ROBERT H. BOLTON
1240 U.S. Highway ONE - SUITE 100
NO. PALM BEACH, FLORIDA 33408

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700061912777
12/05/05--01059--003 **\$0.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP
REINSTATEMENT 2005

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/7/2005

Date

Daytime Phone #