

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000043442

**FILED**  
**Feb 13, 2006**  
**Secretary of State**

**Entity Name:** HACH REALTY INVESTMENTS LLC

**Current Principal Place of Business:**

12466 SW 9TH PLACE  
DAVIE, FL 33325

**New Principal Place of Business:**

163 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

12466 SW 9TH PLACE  
DAVIE, FL 33325

**New Mailing Address:**

163 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 20-1238283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HACHENBURG, MARK  
12466 SW 9TH PLACE  
DAVIE, FL 33325 US

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

HACHENBURG, DR. MARK MGR  
163 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411 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: DR. MARK HACHENBURG, PH.D.

02/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HACHENBURG, MARK  
Address: 12466 SW 9TH PLACE  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HACHENBURG, DR. MARK MGR  
Address: 163 MULBERRY GROVE ROAD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DR. MARK HACHENBURG, PH.D.

MGR

02/13/2006

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