

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000046653

**FILED**  
**Mar 06, 2006**  
**Secretary of State**

**Entity Name:** TURN KEY PROPERTY INVESTMENTS LLC

**Current Principal Place of Business:**

20 ISLAND AVENUE STE. 807  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

20 ISLAND AVENUE  
SUITE 807  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

20 ISLAND AVENUE STE. 807  
MIAMI BEACH, FL 33139

**New Mailing Address:**

20 ISLAND AVENUE  
SUITE 807  
MIAMI BEACH, FL 33139

**FEI Number:** 20-4426786      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

VICKERS, KARIN  
20 ISLAND AVENUE STE. 807  
MIAMI BEACH, FL 33139 US

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

VICKERS, KARIN  
20 ISLAND AVENUE  
SUITE 807  
MIAMI BEACH, FL 33139 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: KARIN VICKERS

03/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, ROBERT  
Address: 253-39 148TH AVE.  
City-St-Zip: ROSEDALE, NY 11422

Title: MGRM ( ) Delete  
Name: VICKERS, KARIN  
Address: 20 ISLAND AVENUE STE. 807  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: ESPINOZA, VERONICA  
Address: 183-08 NW 68TH AVE. APT O  
City-St-Zip: MIAMI, FL 33015

Title: MGRM ( ) Delete  
Name: HARRIS, ALTHEA  
Address: 1385 YORK AVE. APT. 4E  
City-St-Zip: NEW YORK, NY 10021

Title: MGRM ( ) Delete  
Name: WALLS, MELISSA  
Address: 3697 STONE LEIGH ROAD  
City-St-Zip: CLEVELAND HEIGHTS, OH 44121

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: KARIN VICKERS

MGRM

03/06/2006

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