## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

GIVISIO POSTAL STATE

DOCUMENT # L04000047483  1. Entity Name TEXAS TOWNHOMES, LLC						U6 FEB	14 A)	19:19		
,	ce of Business ODY AVENUE 33629	Mailing Address 1104 S. MOODY AVENU TAMPA, FL 33629	JE	Å	1111101111111	i Bairi biani aarii Tairi I	NIN NAKA NISI: 10	<b>i Sil Silov</b> i (15185 ili	1331 NH 1831	
2. Principal Place of Business		3. Mailing Address		U)						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032006	REIN-LLC	CR2E1	101 (11/05)		
City & State		City & State	City & State		4. FEI Numb	er +24025	3		oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered.	Agent		
ALAM/CEL DALIDANIZ			Name	Name						
ALAVIJEH, BAHRAN Z 1104 S. MOODY AVENUE TAMPA, FL 33629			Stree	et Address (P.O. Box Number is Not Acceptable)						
., ., .	2 00020									
			City	FL Zip Code						
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE	_ K R - C						2/3/	0 6		
	Signature, typed or purited name of registered age	ent and title if applicable. (NOT)	: Registered Agent s	Ignature require	ed when reinstating	1	DATE			
FILE	Signature, typed or printed name or registered agr	In accordance with s liability company did	s. 607.193(2)(b	), F.S., the	e limited	Ma	ke check p	payable to nent of State	8	
FILE	NOW!!! FEE IS \$100.00	In accordance with s	s. 607.193(2)(b	), F.S., the	e limited	Ma Florid	ke check p la Departm	ent of State	9	
	MANAGING MEM	In accordance with s liability company did	s. 607.193(2)(b not receive th	), F.S., the	e limited	Ma Florid	ke check p	ent of State	e Addition	
9. ITTLE NAME	MANAGING MEM  MGRM ALAVIJEH, BAHRAN Z	In accordance with s liability company did	s. 607.193(2)(b not receive th	e prior not	e limited ice.	Ma Florid ADDITIONS	ke check p da Departm S/CHANGES	Change		
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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 fimited 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