
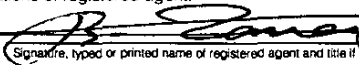
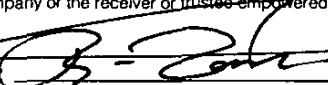


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC. 119, FLA. STAT.
DIVISION OF CORPORATE & STATE AFFAIRS
06 FEB 24 AM 9:40

DOCUMENT # L04000047485 1. Entity Name ARRAHWANA TOWNHOMES, LLC					
Principal Place of Business 1104 S. MOODY AVENUE TAMPA, FL 33629			Mailing Address 1104 S. MOODY AVENUE TAMPA, FL 33629		
2. Principal Place of Business 1102 S. MOODY AVE		3. Mailing Address 1102 S. MOODY AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. TAMPA		02202006 REIN-LLC CR2E101 (11/05)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 72-1612346	
Zip 33629		Country Hills		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAVIJEH, BAHRAIN Z 1104 S. MOODY AVENUE TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> CHANGE AND CORRECT ADDRESS only ALAVIJEH BAHRAIN Z <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 2-20-06 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$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				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAVIJEH, BAHRAIN Z 1104 S. MOODY AVENUE TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500067303405 03/07/06--01018--012 **200.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESFAHANI, FARANAK 1104 S. MOODY AVENUE TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDITERRANEAN CUSTOM HOMES, INC. 3112 W. KENNEDY BLVD., SUITE 102 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: center;"> ALAVIJEH BAHRAIN Z <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 2-20-06 <small>DATE</small> </div> </div>					