


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000067186		
1. Entity Name PROPERTY CARE FLORIDA, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 27 PM 4:19

Principal Place of Business 1900 SOUTH HARBOR CITY BLVD 1 SUITE 331 MELBOURNE, FL 32901	Mailing Address 1900 SOUTH HARBOR CITY BLVD 1 SUITE 331 MELBOURNE, FL 32901
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10042006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent KINBERG, EDWARD J 2101 S. WAVERLY PLACE SUITE 2100E MELBOURNE, FL 32901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1290 W. Eau Gallie Blvd.	
City Melbourne	State FL
Zip Code 32935	

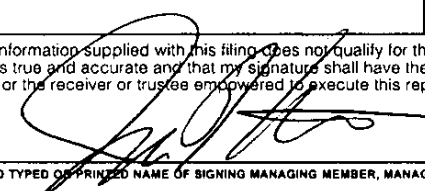
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/6/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORTON, JOHN 1900 SOUTH HARBOR CITY BLVD MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081260498 10/27/06--01007--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  DATE 10/24/06 321-288-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE