


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000079983					
1. Entity Name ASSOCIATED OWNERS, L.L.C.					
Principal Place of Business 3544 GREENWOOD CLOSE ATLANTA, GA 30319			Mailing Address 3544 GREENWOOD CLOSE ATLANTA, GA 30319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4621168	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 2500 WESTON ROAD, SUITE 404 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR JAFFIT, DAVID 3544 GREENWOOD CLOSE ATLANTA, GA 30319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 700095222397 03/29/07--01026--020 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

for Associated Owners, LLC

3/19/07

—Received Time—Mar. 16, 2007 1:50 PM No. 5834

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1
L04000079983

ASSOCIATED OWNERS, L.L.C.
3544 Greenwood Close
Atlanta, GA 30319
954-384-6114

FILED
07 MAR 21 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 12, 2007

Secretary of State
Tallahassee, Florida

Re: Reinstatement of Associated Owners, L.L.C.

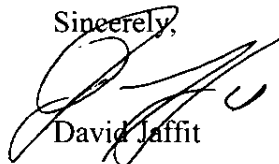
Dear Sir or Madam:

Please be advised that for a period of time I had difficulty receiving my mail. Therefore, I never received the Annual Report forms and I inadvertently did not file the annual fees.

Therefore, I would appreciate you waiving the penalty.

Please call with any questions.

Sincerely,



David Jaffit

/tac

Jaffit, Davie\Reinstatement Letter 01-30-07.wpd