

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAR 27 PM 2:55

DOCUMENT # L04000085314			
1. Entity Name THE HAGGERTY REAL ESTATE INVESTORS FUND I, LLC			
Principal Place of Business 2675 OCEAN DRIVE VERO BEACH, FL 32963		Mailing Address 2675 OCEAN DRIVE VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box # 215 N. Federal Highway		3. Mailing Address 215 N. Federal Hwy	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432		Zip 33432	
Country U.S.A		Country U.S.A	
6. Name and Address of Current Registered Agent HAGGERTY, GLENN R 2675 OCEAN DRIVE VERO BEACH, FL 32963		7. Name and Address of New Registered Agent James H. Batmasian 215 N. Federal Highway Boca Raton FL 33432	
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 03/18/08	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGGERTY, PATRICIA B 2675 OCEAN DRIVE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James H. Batmasian 215 N. Federal Hwy Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGGERTY, GLENN R 2675 OCEAN DRIVE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marta Batmasian 215 N. Federal Highway Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300120758313 03/19/08--01041--004 **377.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 03/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	