

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Nov 17, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # L04000088607</b> 1. Entity Name <b>BLLENHEIM HOLDINGS, LLC</b>					
Principal Place of Business <b>125 WORTH AVENUE SUITE 310 PALM BEACH, FL 33480</b>			Mailing Address <b>5055 BRISTOL COURT LYNDHURST, OH 44124</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10312006 REIN-LLC CR2E101 (11/05) 4. FEI Number <b>20-1972947</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHN C. DOTERRER, P.A. 125 WORTH AVENUE SUITE 310 PALM BEACH, FL 33480</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> 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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>11-15-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLE, JEFFREY A 125 WORTH AVENUE, SUITE 310 PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			400081955274 11/20/06--01049--001 **150.00		
SIGNATURE:			DATE <b>11-14-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		