


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000004355		
1. Entity Name METRO GROUP, L.L.C.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 11 AM 10:04

Principal Place of Business 6555 NOVA DR., STE. 313 DAVIE, FL 33317	Mailing Address 6555 NOVA DR., STE. 313 DAVIE, FL 33317
---	---

2. Principal Place of Business 4437 ARABIAN WAY	3. Mailing Address 4437 ARABIAN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DAVIE FL	City & State DAVIE FL
Zip 33328	Country U.S.A.



10052006 REIN-LLC CR2E101 (11/05)

4. FEI Number 202159188	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DHANANI, NUSRAJ 1721 CHELTENBOROUGH DR. ORLANDO, FL 32835	7. Name and Address of New Registered Agent Name SAME 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 **10-05-06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DHANANI, NUSRAJ 1721 CHELTENBOROUGH DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080707 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/11/06 01070-013 **\$155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DHANANI, RAHIM 6101 PALM TRACE LANDINGS APT. 1212 DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DHANANI, RAHIM 4437 ARABIAN WAY DAVIE, FL 33328 <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	<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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-05-06 (954) 319-4548