

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000013497

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Entity Name:** PROPERTIES OF SUNNY FLORIDA, LLC

**Current Principal Place of Business:**

10302 SOUTH FEDERAL HIGHWAY, SUITE 280  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

10302 SOUTH FEDERAL HIGHWAY  
SUITE 280  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

10302 SOUTH FEDERAL HIGHWAY, SUITE 280  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 34-2035955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVEN A. WAGNER, P.A.  
JEFFERSON PILOT FINANCIAL CENTER  
3275 WEST HILLSBORO BLVD., SUITE 205  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** STEVEN A. WAGNER, PRESIDENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SABOUR, KAMBAKSH  
**Address:** 3 ST. PAUL DRIVE  
**City-St-Zip:** WORCESTER, MA 01602

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** KAMBAKSH SABOUR

MGRM

01/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date