

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000020692		
1. Entity Name CITY FARMS, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 17 AM 9:03

Principal Place of Business 980 LINCOLN CIRCLE WINTER PARK, FL 32789 US	Mailing Address P. O. BOX 2577 WINTER PARK, FL 32790-257 US
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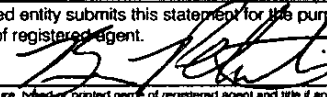
2. Principal Place of Business 4104 Millenia Blvd Suite, Apt. #, etc. #114	3. Mailing Address 4104 Millenia Blvd Suite, Apt. #, etc. #114
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City & State Orlando FL	City & State Orlando FL
Zip 32839	Country USA



10062006 REIN-LLC CR2E101 (11/05)

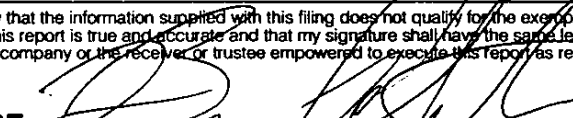
6. Name and Address of Current Registered Agent LEIGH, RICHARD A 1031 W. MORSE BLVD. STE 350 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Leigh, Richard A Street Address (P.O. Box Number is Not Acceptable) 1031 W. Morse Blvd. Ste 350 City winter park FL Zip Code 32789	
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8. 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 10/6/06

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRAKIS, BRIAN T 980 LINCOLN CIRCLE WINTER PARK, FL 32789 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Brian Petrakis 4104 Millenia Blvd. #114 Orlando, FL 32839 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080887901 10/17/06--01009--010 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2006

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 10/10/06 407-997-8678