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	Mailing Address
980 LINCOLN CIRCLE WINTER PARK, FL 32789 US	P. O. BOX 2577 WINTER PARK, FL 32790--257 US

10062006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
4104 Millenia Blvd	4104 Millenia Blvd
Suite, Apt. #, etc. #114	Suite, Apt. #, etc. #114
City & State Orlando Fl	City & State Orlando Fl
Zip 32839 Country USA	Zip 32839 Country USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGH, RICHARD A
1031 W. MORSE BLVD.
STE 350
WINTER PARK, FL 32789

(SAME)

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

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 _____ 10/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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

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	[X] Delete	Owner Brian Petrakis 4104 Millenia Blvd. #114 Orlando, FL 32839	[X] Change [ ] Addition
		[ ] Delete	100080887901 10/17/06--01009--010 **50.00	[ ] Change [ ] Addition
		[ ] Delete		[ ] Change [ ] Addition
		[ ] Delete	REINSTATEMENT 2006	[ ] Change [ ] Addition
		[ ] Delete		[ ] Change [ ] Addition
		[ ] Delete		[ ] Change [ ] 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: _____ 10/10/06 407-997-8678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #