

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:12

150.00

<b>DOCUMENT # L05000024243</b> 1. Entity Name <b>SUNSET STRIP DEVELOPMENT, LLC</b>					
Principal Place of Business <b>2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301</b>			Mailing Address <b>2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		10042006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number <b>20-2521951</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LYNN, MARK J ESQ. 2101 WEST COMMERCIAL, SUITE 2800 FT. LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name <b>KAM HABIBI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2506 AQUA VISTA BLVD</b> City <b>FT LAUDERDALE FL</b> Zip Code <b>33301</b>	
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 <b>10-4-06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00</b>		(NOTE: Registered Agent signature required when reinstating)		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HABIBI, BAHAM 2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300080581713 10/09/06--01004--006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HABIBI, DEBBIE 2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300080581713 12/07/06--01004--003 **100.00
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:				Date <b>10-4-06</b> Daytime Phone # <b>954-658-8039</b>	