

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000029744

Entity Name: FINE LIVING REALTY, LLC

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

594 GOLDCOAST COURT  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

2032 TARPON BAY DR N  
SUITE 101  
NAPLES, FL 34119

**Current Mailing Address:**

594 GOLDCOAST COURT  
MARCO ISLAND, FL 34145

**New Mailing Address:**

17841 LAKE AVE  
LAKEWOOD, FL 44107

FEI Number: 20-2624249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PARAS, PETER T  
594 GOLDCOAST COURT  
MARCO ISLAND, FL 34145      US

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

PARAS, PETER T  
17841 LAKE AVE  
LAKEWOOD, FL 44107      US

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: PTP

10/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PARAS, PETER T  
Address: 594 GOLDCOAST COURT  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: PARAS, PETER T  
Address: 2032 TARPON BAY DR N #101  
City-St-Zip: NAPLES, FL 34119

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: PETER T PARAS

PRES

10/23/2006

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