

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000036504

Entity Name: FBC REALTY HOLDINGS, LLC

FILED
Oct 06, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 3033
ORLANDO, FL 328023033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3033
ORLANDO, FL 328023033

New Mailing Address:

FEI Number: 20-2711564 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:

RYAN, MICHAEL A
215 N. EOLA DRIVE
ORLANDO, FL 32801 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: MICHAEL A. RYAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BOGAN, R. VAN
Address: P. O. BOX 3033
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Change (X) Addition
Name: POLEJES, CRAIG
Address: P. O. BOX 3033
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Change (X) Addition
Name: DONKIN, IAN C
Address: P. O. BOX 3033
City-St-Zip: ORLANDO, FL 32801

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: R. VAN BOGAN

MGRM

10/06/2006

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