


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000037216		
1. Entity Name HCG REALTY INVESTMENTS, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 PM 2:18

Principal Place of Business 4980 SW 52 STREET SUITE 122 DAVIE, FL 33314 US	Mailing Address 4980 SW 52 STREET SUITE 122 DAVIE, FL 33314 US
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2. Principal Place of Business - No P.O. Box # 1671 NW 144th Ter. Suite, Apt. #, etc. 101 City & State Sunrise, FL Zip 33323-2879 Country USA	3. Mailing Address 1671 NW 144th Ter. Suite, Apt. #, etc. 101 City & State Sunrise, FL Zip 33323-2879 Country USA
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10152007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name AL Haimes Street Address (P.O. Box Number is Not Acceptable) 2571 Eagle Run Lane City Weston FL Zip Code 33327	
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4. FEI Number 20-3396664	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

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 <u>Alan Haimes</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>10-17-07</u>

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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 HAIMES, CHARLIE 4980 SW 52 STREET, STE 122 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1671 NW 144th Ter. Ste. 101 Sunrise, FL 33323-2879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN, DAVE 4980 SW 52 STREET, STE 122 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1671 NW 144th Ter. Ste. 101 Sunrise, FL 33323-2879
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 100111189281 10/23/07--01014--007 **\$5.00
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 REINSTATEMENT 2007
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <u>10-17-07</u> 954-845-0411 Daytime Phone #