



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000038955 1. Entity Name LAZARE PROPERTIES, LLC				FILED 07 JAN 25 PM 12:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1848 EAST COUNTY HIGHWAY 30-A NUMBER 9 SANTA ROSA, FL 32459		Mailing Address PO BOX 611 TALLAHASSEE, FL 32302			
2. Principal Place of Business P.O. Box 611		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Suite, Apt. #, etc.			
Zip 32301		Country FL		4. FEI Number 01042007 REIN-LLC CR2E101 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent SMITH, LESLIE 1848 EAST COUNTY HIGHWAY 30-A NUMBER 9 SEASIDE, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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><i>Leslie W. Smith</i></u> 1-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, LESLIE 1848 EAST COUNTY HIGHWAY 30-A SEASIDE, FL 32459	200086825500 01/31/07--01050--003 **200.00			
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		
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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><i>Leslie W. Smith</i></u>		1-8-07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	