

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052974

1. Entity Name  
TBR-B LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 29 AM 9:23

Principal Place of Business  
6400 CONGRESS AVE.  
BOCA RATON, FL 33487

Mailing Address  
6400 CONGRESS AVE.  
BOCA RATON, FL 33487

2. Principal Place of Business  
6400 CONGRESS AVE  
Suite, Apt. #, etc.  
SUITE 1750

3. Mailing Address  
6400 CONGRESS AVE  
Suite, Apt. #, etc.  
SUITE 1750

11152006 REIN-LLC CR2E101 (11/05)

City & State  
BOCA RATON, FL  
Zip  
33487 Country

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BOCA RATON, FL  
Zip  
33487 Country

4. FEI Number  
20-3297309 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 11/21/06 Daytime Phone #: 561-5885400