

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000056751

1. Entity Name
805 ST. GILES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:20

Principal Place of Business
**18730 SE LAKESIDE WAY
TEQUESTA, FL 33469**

Mailing Address
**2150 RADNOR COURT
JUNO ISLES, FL 33408 US**

2. Principal Place of Business
18730 S.E. Lakeside way
Suite, Apt. #, etc.

3. Mailing Address
18730 S.E. Lakeside way
Suite, Apt. #, etc.



12182006 REIN-LLC CR2E101 (11/05)

City & State
Tequesta, Fla.
Zip
33469
Country **USA**

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Tequesta, Fla.
Zip
33469
Country **USA**

4. FEJ Number
42-1671659
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRIGHT, RICHARD D
2150 RADNOR CT
JUNO ISLES, FL 33408**

7. Name and Address of New Registered Agent
Name **Richard D. Bright**
Street Address (P.O. Box Number is Not Acceptable)
18730 S.E. Lakeside Way
City **Tequesta** **FL** Zip Code **33469**

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 **Richard D. Bright** DATE **12/18/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$50.00
After January 1, 2007, 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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIGHT, RICHARD D 2150 RADNOR COURT JUNO ISLES, FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIGHT, KIMBERLY A 2150 RADNOR CT. JUNO ISLES, FL 33408 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bright, Richard D. 18730 S.E. Lakeside Way Tequesta, Fla. 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bright, Kimberly A. 18730 S.E. Lakeside way Tequesta, Fla. 33469 <input checked="" type="checkbox"/> Change <input 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
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

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 **Richard D. Bright**