

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 10:53

DOCUMENT # L05000058198 1. Entity Name RIVER LAKES REALTY, LLC															
Principal Place of Business 2345 SAND LAKE ROAD ORLANDO, FL 32809		Mailing Address 2345 SAND LAKE ROAD ORLANDO, FL 32809													
2. Principal Place of Business 8680 Commodity Cr 200B Suite, Apt. #, etc. 200B City & State Orlando FL Zip 32812 Country US		3. Mailing Address 8680 Commodity Cr Suite, Apt. #, etc. Suite 200B City & State Orlando FL Zip 32812 Country US													
4. FEI Number 09262006 REIN-LLC		CR2E101 (11/05) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent LIMA, LEE KARINA % KORSHAK & ASSOCIATES 8680 COMMODITY CIRCLE SUITE 200B ORLANDO, FL 32819													
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 <i>Stephen D. Korshak</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KORSHAK, STEPHEN D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2345 SAND LAKE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32809</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	KORSHAK, STEPHEN D		STREET ADDRESS	2345 SAND LAKE ROAD		CITY-ST-ZIP	ORLANDO, FL 32809	
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">8680 Commodity Cr 200B</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Orlando FL 32812</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	8680 Commodity Cr 200B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Orlando FL 32812		STREET ADDRESS			CITY-ST-ZIP			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: <i>Stephen D. Korshak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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