2006 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT								,	FI	LED	TE	
1. Entity Nam	e *	#L05000066	74				_		RY OF STA CORPORA AHII:			
Principal Place of Business 841 INDIAN RIVER DR. COCOA, FL 32922			Mailing Address 841 INDIAN RIVER DR. COCOA, FL 32922				1 I II I(III 3	(1 8818) 8 1111 88 111 88			{ 	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			,	09202006	REIN-LLC	CR2	E101 (11/05))	
City & State			City & State			4	. FÉI Numb	oer	•		Applied For	
Zíp	Country		Zip	Coun	itry	5	6. Certificate	e of Status Desir	ed 🔲	\$5.00 Ac Fee Requir		
	6. Name	and Address of Current I	Registered Agent	pistered Agent Name			7. Name and Address of New Registered Agent					
SALE R, G 841 INDIAI COCOA, F	N RIVER		Street Address			dress (P.C	P.O. Box Number is Not Acceptable)					
COCOA, F	L 32922							·	-			
8. The shows named antity submits this statement for the purpose of changing its social					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$50.00 In accordance with s. 607.1 After January 1, 2007, Fee will be \$100.00						.S., the li	mited		Make check orlda Depart	payable to timent of Sta	ite	
9.	MGRM	MANAGING MEMBE	RS/MANAGERS Delete	10.		k A	1 KA	ADDITIO	ONS/CHANG			
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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.												
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date											

CLAIRE A GAMBAO, INC. 1980 N. ATLANTIC AVE, STE 614 COCOA BEACH, FL 32931

Tel: (321) 783-6773 Fax: (321) 784-3337 e-mail: claireZ@aol.com

Memo

Date: 09/25/2006 To: FLA DEPT OF STATE, ATTN JOEY BRYAN From: CLAIRE A GAMBAO Subject: OXFORD DOWN INVESTMENT LLC L05000066674 1. We spoke last week, and I downloaded the reinstatement form. 2. Surprise, you anticipated my call and sent me the form. 3. So, we are really sorry that we didn't get the annual report in to your offices in time. Probably a confusion between the original 1031 people in Denver, and Mr. Sale, here in Florida 4. THEY DIDN'T TELL HIM THAT HE NEEDED TO FILE AN ANNUAL REPORT, AND DIDN'T SEND HIM THE FORM TO FILE EITHER. 5. As I look at the dates on stuff that I have here, I think that the Annual Report was in their hands, out in Denver, prior to their sending paper work to Mr. Sale so that he could put himself in as Managing Member. 6. Not knowing that it, Oxford, had not been filed, he didn't feel the urgency to get it done. 7. You have one check for \$25. Here is another check for \$25. As we discussed, please accept our request to abate any additional penalties or fees, so that you can reinstate this LLC, so that we can get the property it owns titled to Mr. and Mrs. Sale. 8. And next year, when the annual report shows up at Mr. Sales address, he will ask me (hopefully) and I will write, please dissolve on the form, and mail it back to you. 9. And IF I have really really really serious problems with other clients, I may take advantage of having your phone number and call for a consultation. (Because we want to git er done with a little more efficiency next time Thank you so much,