


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10: 08

DOCUMENT # L05000068351					
1. Entity Name ALACHUA APARTMENTS, LLC					
Principal Place of Business 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA, FL 33609			Mailing Address 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA, FL 33609		
2. Principal Place of Business <i>15100 NW 150th COURT</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>ALACHUA, FL</i>		City & State		4. FEI Number, <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <i>32615</i>	Country <i>USA</i>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLCOMB, VICTOR W ESQ. 201 N. ARMENIA AVE. TAMPA, FL 33609			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>Victor W Holcomb</i>		(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			10. ADDITIONS/CHANGES		
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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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>Fred H. Rath</i>			Date: <i>10/16/06</i>		Daytime Phone #: <i>813-636-8860</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



10112006 REIN-LLC CR2E101 (11/05)

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REINSTATEMENT 2006