

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000069418

**FILED**  
**Dec 06, 2006**  
**Secretary of State**

**Entity Name:** TROPICAL GULF PROPERTY HOLDINGS, LLC

**Current Principal Place of Business:**

2611 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

2611 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 26-0125850      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMOLER, BRUCE J  
2611 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL FLORIDA US

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.

SIGNATURE: BRUCE J. SMOLER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SMOLER, BRUCE J  
Address: 2611 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Change (X) Addition  
Name: COHEN, SAM  
Address: 2611 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE J. SMOLER

MGRM

12/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date