

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

DOCUMENT # L05000071326 1. Entity Name LYNGATE I MEDICAL DEVELOPMENT, LLC					
Principal Place of Business 2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301			Mailing Address 2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3355850			Applied For Not Applicable		
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		
LYNN, MARK J ESQ. 2101 W. COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309			Name KARL HABIBI Street Address (P.O. Box Number is Not Acceptable) 2506 AQUA VISTA BLVD City FORT LAUDERDALE FL 33301		
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 <u><i>Karl Habibi</i></u> 10-4-06 <small>Signature, typed or printed name of registered agent and address applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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	MGRM HABIBI, BAHRAM <input type="checkbox"/> Delete 2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080581679 10/09/06--01004--005 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HABIBI, DEBBIE <input type="checkbox"/> Delete 2506 AQUA VISTA BLVD. FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080581679 12/07/06--01004--004 **100.00	
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	
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 REINSTATEMENT 2006	
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	
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	
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: <u><i>Karl Habibi</i></u> 10-4-06 954-658-8039 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					