



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000077023 1. Entity Name MARWOOD PROPERTIES, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV -7 PM 2:34	
Principal Place of Business 12014 W. BAYSHORE DRIVE CRYSTAL RIVER, FL 34429				Mailing Address 12014 W. BAYSHORE DRIVE CRYSTAL RIVER, FL 34429			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
10262006 REIN-LLC CR2E101 (11/05)				4. FEI Number		<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 MARK JOSEPH CIMINO 12014 W. BAYSHORE DRIVE CRYSTAL RIVER, FL 34429			
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 <u><i>Mark Cimino</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-1-2006</u> <small>(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				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHEN JEFFERY WOODS 12014 W. BAYSHORE DRIVE CRYSTAL RIVER, FL 34429			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081534468 11/07/06--01054--017 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARK JOSEPH CIMINO 12014 W. BAYSHORE DRIVE CRYSTAL RIVER, FL 34429			<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: <u><i>Mark Cimino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>11-1-2006</u> <u>352-563-5929</u> <small>Daytime Phone #</small>			

REINSTATEMENT

2006