


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L05000082027 |  |
| 1. Entity Name 2465 WILTON LLC | |

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| Principal Place of Business 2400 E. LAS OLAS FT. LAUDERDALE, FL 33301 | Mailing Address 2400 E. LAS OLAS FT. LAUDERDALE, FL 33301 |
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| 2. Principal Place of Business - No P.O. Box # 3700 Airport Rd Suite, Apt. #, etc. Suite 401 City & State Boca Raton, FL Zip 33431 Country USA | 3. Mailing Address 3700 Airport Rd Suite, Apt. #, etc. Suite 401 City & State Boca Raton, FL Zip 33431 Country USA |
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FILED
07 FEB 19 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152007 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number Not applicable | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SHIMM, KENNETH 1730 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 | 7. Name and Address of New Registered Agent Name Robert Forman, P.A. Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd. Suite 2800 City Fort Lauderdale FL Zip Code 33309 |
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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 *Kenneth L. Shimm* (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$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 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHIMM, KENNETH 1730 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Shimm, Kenneth 3700 Airport Rd, #401 Boca Raton, FL 33431 <input checked="" 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 | 300089030203 02/23/07--01007--021 **105.00 <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 06-07 <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 |
| 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: *Kenneth L. Shimm* DATE: 2/15/07 Daytime Phone #: 561-391-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Kenneth L. Shimm, Managing Member