

**2006 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

DOCUMENT # L05000086817

1. Entity Name  
MARCO POLO ACRES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

Principal Place of Business  
400 BUTTONWOOD PLACE  
BOCA RATON, FL 33431

Mailing Address  
400 BUTTONWOOD PLACE  
BOCA RATON, FL 33431

2. Principal Place of Business

400 Buttonwood Pl.

Suite, Apt. #, etc.

3. Mailing Address

400 Buttonwood Pl.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton, FL

Zip

33431

Country

US

Zip

33431

Country

US

6. Name and Address of Current Registered Agent

SHELLY, SUSAN G  
400 BUTTONWOOD PLACE  
BOCA RATON, FL 33431

Name

Susan Shelly

Street Address (P.O. Box Number is Not Acceptable)

400 Buttonwood Place

City

Boca Raton

FL

Zip Code  
33431

10182006 REIN-LLC CR2E101 (11/05)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 Susan Shelly

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct. 19, 2006

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 SHELLY, SUSAN G 400 BUTTONWOOD PLACE BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000081387450 10/31/06--01049-004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <u>2006</u>	<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: Susan Shelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

19 Oct 06 561-417-7221