


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

DOCUMENT # L05000086817	
1. Entity Name MARCO POLO ACRES, LLC	

Principal Place of Business 400 BUTTONWOOD PLACE BOCA RATON, FL 33431	Mailing Address 400 BUTTONWOOD PLACE BOCA RATON, FL 33431
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2. Principal Place of Business 400 Buttonwood Pl.	3. Mailing Address 400 Buttonwood Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton	City & State Boca Raton, FL
Zip 33431	Country US



10182006 REIN-LLC CR2E101 (11/05)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHELLY, SUSAN G 400 BUTTONWOOD PLACE BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Susan Shelly Street Address (P.O. Box Number is Not Acceptable) 400 Buttonwood Place City Boca Raton FL Zip Code 33431
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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 *Susan Shelly* DATE Oct. 19, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	000081387450 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/31/06--01049--004 **150.00
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
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REINSTATEMENT

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* **19 Oct 06 561-417-7221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #