

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000092372				FILED 06 NOV 17 PM 3:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name REAL ESTATE EQUITIES OF FLORIDA, LLC					
Principal Place of Business 3848 KILLEARN CENTER COURT TALLAHASSEE, FL 32309			Mailing Address 3848 KILLEARN CENTER COURT TALLAHASSEE, FL 32309		
2. Principal Place of Business 3200 Commonwealth Blvd.		3. Mailing Address 3200 Commonwealth Blvd.			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:		11172006 REIN-LLC CR2E101 (11/05)	
City & State: <u>Talla FL</u>		City & State: <u>Talla FL</u>		4. FEI Number <u>87-0773363</u>	
Zip: <u>32303</u>		Country: <u>USA</u>		Applied For: <input type="checkbox"/> Not Applicable	
Zip: <u>32303</u>		Country: <u>USA</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IGLER & DOUGHERTY, P.A. 2457 CARE DRIVE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name: <u>Sandra M. Chase</u> Street Address (P.O. Box Number is Not Acceptable): <u>3200 Commonwealth Blvd.</u> City: <u>Talla</u> FL Zip Code: <u>32303</u>		
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>Sandra M. Chase</u> DATE: <u>11/17/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete BROWN, GENE D 3848 KILLEARN CENTER COURT TALLAHASSEE, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
REINSTATEMENT					
DB					
10. ADDITIONS/CHANGES					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3200 Commonwealth Blvd.</u> <u>Talla, FL 32303</u>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>700082108107</u> <u>11/28/06--01057--026 **\$5.00</u>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<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>Sandra M. Chase</u> DATE: <u>11/17/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					