


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 25 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093328	
1. Entity Name TEXAS INVESTMENTS, LLC	


Principal Place of Business 451 SE CORK DRIVE PORT ST. LUCIE, FL 34984	Mailing Address 451 SE CORK DRIVE PORT ST. LUCIE, FL 34984
--	--

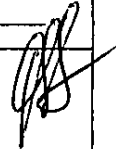
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04122007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 20-3525166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

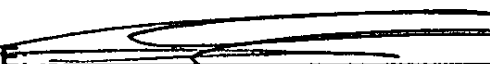
6. Name and Address of Current Registered Agent ZARRO, PASQUALE 100 SW ALBANY AVENUE, SUITE 100 STUART, FL 34994

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  (NOTE: Registered Agent signature required when reinstating) DATE 4/17/07

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 
-----------------------------	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRO, PASQUALE 124 N. SEWALL'S POINT ROAD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400101737174 05/08/07--01017--015 **100.00 <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	<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
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:  DATE 4-13-07 (772) 288 5251 DAYTIME PHONE #