


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 12 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093595			
1. Entity Name BREEZY PALMS REALTY, LLC			
Principal Place of Business 6875 S.W. 69 TERRACE SOUTH MIAMI, FL 33143		Mailing Address 6875 S.W. 69 TERRACE SOUTH MIAMI, FL 33143	
2. Principal Place of Business - No P.O. Box # 152 PALO DE ORO DR		3. Mailing Address 152 PALO DE ORO DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA FL		City & State ISLAMORADA, FL	
Zip 33036	Country U.S.A.	Zip 33036	Country U.S.A.
6. Name and Address of Current Registered Agent ROSSI, ALLEN P 6875 S.W. 69TH TERRACE SOUTH MIAMI, FL 33143		7. Name and Address of New Registered Agent Name: ROSSI, ALLEN P. Street Address (P.O. Box Number is Not Acceptable) 152 PALO DE ORO DRIVE ISLAMORADA City: FL Zip Code: 33036	
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>Allen P. Rossi</u> <u>Allen P. Rossi</u> 02/22/2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>Allen P. Rossi</u> <u>Allen P. Rossi</u> 02/22/2007 351-2868		Date: 02/22/2007 Daytime Phone #: (786) 351-2868	