

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000099400	
1. Entity Name LOBRIA LLC	



FILED

2006 OCT 31 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10240 CYPRESS LAKE PRESERVE DRIVE LAKE WORTH, FL 33467	Mailing Address 10240 CYPRESS LAKE PRESERVE DRIVE LAKE WORTH, FL 33467
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2. Principal Place of Business 1449 YAMBO RD Suite, Apt. #, etc. Suite C City & State BOCA RATON FL Zip 33428	3. Mailing Address 5963 W. HILLCROFT BLVD Suite, Apt. #, etc. Suite B City & State Parkland Florida Zip 33067 Country Broward
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10252006 REIN-LLC CR2E101 (11/05)

8. Name and Address of Current Registered Agent TROIA, LORENZO 10240 CYPRESS LAKE PRESERVE DRIVE LAKE WORTH, FL 33467	
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4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	Troia, Lorenzo
Street Address (P.O. Box Number is Not Acceptable)	5963 W. HILLCROFT BLVD Suite # B
City	Parkland FL Zip Code 33067

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	10/20/06

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROIA, LORENZO 10240 CYPRESS LAKE PRESERVE DRIVE LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081391891 10/31/06--01061--010 **\$5.00
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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.	
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SIGNATURE:	10/24/06 934 346-2775
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