

DEC-07-2006

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BREWER & PEROTTI, P.A.

813-228-0740

P.001/003

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Account Number : I20060000058
Phone : (813)579-4010
Fax Number : (813)228-0740

LIMITED LIABILITY REINSTATEMENT

CITY REALTY PROFESSIONALS, LLC

J. BRYAN DEC - 8 2006

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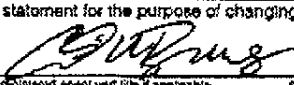
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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L05000108724					
1. Entity Name CITY REALTY PROFESSIONALS, LLC					
Principal Place of Business 4300 W. CYPRESS AVENUE, SUITE 380 TAMPA, FL 33607			Mailing Address 4300 W. CYPRESS AVENUE, SUITE 380 TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3757731	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32201-0240				7. Name and Address of New Registered Agent Name: <u>CHRISTOPHER W. BREWER</u> Street Address (P.O. Box Number is Not Acceptable): <u>400 N. TAMPA STREET, SUITE 1050</u> City: <u>Tampa</u> FL Zip Code: <u>33602</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: 				DATE: <u>12/7/06</u>	
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  CHRISTOPHER W. BREWER, AUTHORIZED REP. 12/7/06 813-574-4810					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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TOTAL P.003