


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT 28 A 10:42

FILED

<b>DOCUMENT # L05000109280</b> 1. Entity Name <b>RED CHILIES PROPERTIES, LLC</b>					
Principal Place of Business <b>8989 ADAMS WALK DRIVE JACKSONVILLE, FL 32256</b>			Mailing Address <b>8989 ADAMS WALK DRIVE JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>705 Carthage Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>705 Carthage Place</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>03-0574021</b>	
Zip <b>32259</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BIKKUMANLA, SRINIVAS 8989 ADAMS WALK DRIVE JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8661 Baymeadows Road</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32259</b>		
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>Srinivas Bikkumanla</u> DATE <u>10/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GOPU, GEORGE R 1305 IVYHEDGE AVE. ST. AUGUSTINE, FL 32092</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>283 St. Johns Forest Blvd. St. Johns City, FL 32259</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BIKKUMANLA, SRINIVAS 8989 ADAMS WALK DRIVE JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>705 Carthage Place Jacksonville, FL 32259</b>	
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 <b>500137367775 10/28/08--01027--002 **138.75</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>REINSTATEMENT 2008</b> <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.					
<b>SIGNATURE:</b>			<b>Srinivas Bikkumanla, Manager</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

Red Chilies Properties, Inc.  
705 Carthage Place  
Jacksonville, FL 32259

10/24/08

Division of Corporation  
P.O.Box 6327  
Tallahassee, FL 32314

Sub: LLC Reinstatement- Annual Report

Dear Sir / Madam:

Enclosed is the signed LLC Reinstatement together with a check of \$138.75 in payment for filing fee.

In connection with the above matter, I would like to inform you that we have not received the Annual Report of 2008 since our mailing address has changed as stated on the attached Annual report.

We would, therefore, request you to waive the late filing penalty and reinstate the above LLC at you earliest convenience.

We appreciate your consideration in reducing the penalty to zero.

Sincerely,

A handwritten signature in black ink, appearing to read 'Srinivas Bikkumanla', with a long horizontal stroke extending to the right.

Srinivas Bikkumanla, Manager