


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 30 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000000021					
1. Entity Name MRE PROPERTIES, LLC					
Principal Place of Business 57 LAKE RIDGE RD. SANTA ROSA BCH, FL 32459			Mailing Address 306 WOODVINE AVE. METAIRIE, LA 70005		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 57 Lake Ridge Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Santa Rosa Beach, FL		4. FEI Number 68-0622510	
Zip		Country		Applied For Not Applicable	
32459		USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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: <i>Mary Russell Barret Eaves</i> MARY R. BARRET EAVES 5/1/07					
(NOTE: Registered Agent signature required when reinstating)					
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	Member/Manager Mary Russell Eaves 57 Lake Ridge Rd. Santa Rosa Beach, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300102527259 05/15/07--01039--022 **100.00	
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	
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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: <i>Mary Russell Eaves</i> 5/1/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

REINSTATEMENT 06-07

May 1, 2001

Dear Sir,

The reinstatement form
was mailed to an incorrect
address. The house on 306 Woodvine
Ave was destroyed by hurricane
Katrina in 05'. I spoke with
someone in your office that said
I should write this letter -
in order to waive the late fees.

Thank you.

Mary Eaves -

Call me if you have any
questions. # 850-496-2203