

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|---------------------------------------------------------------------------|--|--------|--|-------------------------|----------|
| DOCUMENT # L06000008137 | | | | FILED NOV 13 P 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | | | |
| 1. Entity Name IDEAL PROPERTIES REALTY, LLC | | | | | | | | | | | | | |
| Principal Place of Business 2424 N. FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431 | | | Mailing Address 2424 N. FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431 | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 1730 S. Federal Highway | | 3. Mailing Address 1730 S. Federal Highway | | Suite, Apt. #, etc. Ste 283 | | | | | | | | | |
| Suite, Apt. #, etc. Ste 283 | | Suite, Apt. #, etc. Ste 283 | | 10192007 REIN-LLC CR2E101 (1/07) | | | | | | | | | |
| City & State Delray Beach, Florida | | City & State Delray Beach, Florida | | 4. FEI Number 14-1952240 | | | | | | | | | |
| Zip 33483 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | | | |
| 6. Name and Address of Current Registered Agent DANIELS, STEVEN L ESQ. ARNSTEIN & LEHR LLP 2424 NORTH FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Steven L. Daniels, Esq. Arnstein & Lehr LLP</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 515 N Flagler Drive</td> </tr> <tr> <td colspan="2" style="padding: 2px;">6th FL</td> </tr> <tr> <td style="padding: 2px;">City West Palm Beach</td> <td style="padding: 2px;">FL 33401</td> </tr> </table> | | | Name Steven L. Daniels, Esq. Arnstein & Lehr LLP | | Street Address (P.O. Box Number is Not Acceptable) 515 N Flagler Drive | | 6th FL | | City West Palm Beach | FL 33401 |
| Name Steven L. Daniels, Esq. Arnstein & Lehr LLP | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 515 N Flagler Drive | | | | | | | | | | | | | |
| 6th FL | | | | | | | | | | | | | |
| City West Palm Beach | FL 33401 | | | | | | | | | | | | |
| 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: <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 | MGRM EFRON, SCOTT 6075 VIA CRYSTALLE DELRAY BEACH, FL 33484 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100111361801 10/25/07--01048--013 **150.00 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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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| 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: | | | 10/23/2007 (954) 677-9292 | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | | | | | | | | | |