


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 FEB -6 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000009631		
1. Entity Name PMC/WINDSOR CLUB GP, LLC		

Principal Place of Business 160 S.E. 3RD AVENUE MIAMI, FL 33131	Mailing Address 160 S.E. 3RD AVENUE MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 2300 GUARDS STREET Suite, Apt. #, etc.	3. Mailing Address 11221 REDBERRY DRIVE Suite, Apt. #, etc.
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City & State WESLEY CHAPEL, FL	City & State DAVIE FL
Zip 33543-7707	Zip 33330
Country	Country

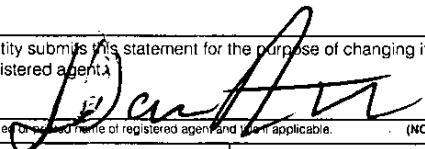


01082008 REIN-LLC CR2E101 (1/07)

4. FEI Number 16-1747098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name DAN ROTHSCHILD Street Address (P.O. Box Number is Not Acceptable) 1121 REDBERRY DRIVE City DAVIE FL Zip Code 33330
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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.

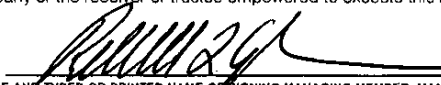
SIGNATURE  ROTHSCHILD, DANIEL DATE \_\_\_\_\_

Signature, typed name and title of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. <del>MANAGING MEMBERS/MANAGERS</del> TITLE NAME STREET ADDRESS CITY - ST - ZIP MEMBER RONALD L CAPLAN 2300 GUARDS STREET WESLEY CHAPEL FL 33543-7707	10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY - ST - ZIP 600116583946 01/31/08--01038--013 **377.50
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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:  1/15/08 215-241-0200 x109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #