

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000017397

FILED
Nov 09, 2007
Secretary of State

Entity Name: FAUX REAL LLC

Current Principal Place of Business:

5 WILLARD DRIVE
SUITE # 650
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

134 RIBERIA STREET,
SUITE # 205
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

5 WILLARD DRIVE
SUITE # 650
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

P.O BOX 889
ST. AUGUSTINE, FL 32085 US

FEI Number: 03-0506620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GIOVANNI, ANDREA L
5 WILLARD DRIVE
SUITE # 650
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

GIOVANNI, ANDREA L
134 RIBERIA STREET,
SUITE # 205
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: ANDREA GIOVANNI

11/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIOVANNI, ANDREA L
Address: 5 WILLARD DRIVE, SUITE # 650
City-St-Zip: ST. AUGUSTINE, FL 32086 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIOVANNI, ANDREA L
Address: 134 RIBERIA STREET, , SUITE # 205
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREA GIOVANNI

MGR

11/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date