

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 MAR 31 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000040990

1. Entity Name
REAL ESTATE DEVELOPMENT TRUST, L.L.C.



Principal Place of Business
% JEFFREY P. ZANE
4800 RIVERSIDE DR., STE 101
PALM BEACH GARDENS, FL 33410

Mailing Address
% JEFFREY P. ZANE
4800 RIVERSIDE DR., STE 101
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
C/O RICHARD J. MUSKOWSKI, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022009 REIN-LLC

CR2E101 (1/07)

City & State

City & State
HOUSTON, TX

4. FEI Number
APPLIED FOR 20-4733238

Applied For
Not Applicable

Zip

Country

Zip

Country

77041-6569

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZANE, JEFFREY P
4800 RIVERSIDE DR
SUITE 101
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name Zane, Jeffrey P.
Street Address (P.O. Box Number is Not Acceptable)
4100 RCA BLVD., SUITE 110
Palm Beach Gardens, FL 33410

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/06/09

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WOERNER, ROBERT R
STREET ADDRESS 4800 RIVERSIDE DR., STE. 101
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

10. ADDITIONS/CHANGES

TITLE
NAME RONALD L. HENSALLING
STREET ADDRESS 4100 RCA BLVD., SUITE 110
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature] RONALD L. HENSALLING

3/06/09

561-670-4389

Date

Daytime Phone #

REINSTATEMENT

08-09

[Signature]