

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000068306

Entity Name: ALTERNATIVE REALTY LLC

**FILED**  
**Oct 18, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4192 CONROY ROAD STE 110  
ORLANDO, FL 32839

**New Principal Place of Business:**

6220 CARTMEL LANE  
ORLANDO, FL 34786

**Current Mailing Address:**

4192 CONROY ROAD STE 110  
ORLANDO, FL 32839

**New Mailing Address:**

P O BOX 1207  
WINDERMERE, FL 34786

FEI Number: 20-5206019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

FTA INTERNATIONAL INVESTMENTS LC  
4192 CONROY ROAD STE 110  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

ALTERNATIVE FINANCIAL SERVICES LLC  
121 S. ORANGE AVE  
1500  
ORLANDO, FL 32801 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: ISMAIL F TOKATLI

10/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MILLENIA INVESTMENT, GROUP LLC  
Address: 121 S.ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801 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: ISMAIL F TOKATLI

MGRM

10/18/2008

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