

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2808 MAR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000072226	
1. Entity Name 224 CHURCHILL, LLC	

Principal Place of Business 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401	Mailing Address 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. #300	3. Mailing Address 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. #300
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401	Country USA

4. FEI Number 32-0176938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOEPEL, JOEL P ESQ 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name - JOEL P. KOEPEL Street Address (P.O. Box Number is Not Acceptable) 400 S. AUSTRALIAN AVE #300 City WEST PALM BEACH FL Zip Code 33401
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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 DATE 3/18/08

(NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: CASEY COWELL 3/19/08 561-659-6455

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