


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000082198			
1. Entity Name 1913 S. DIXIE HIGHWAY LLC			
Principal Place of Business % J.P. MORGAN TRUST COMPANY OF DELAWARE 500 STANTON CHRISTIANA RD. NEWARK, DE 19713		Mailing Address % J.P. MORGAN TRUST COMPANY OF DELAWARE 500 STANTON CHRISTIANA RD. NEWARK, DE 19713	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 via MIZNER	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Palm Beach, FL	
City & State		City & State	
Zip	Country	317 33480	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE <i>Barbara A. Burke</i>		4. FEI Number 51-6577317	
Signature, typed or printed name of registered agent and EIN if applicable		Applied For Not Applicable	
Barbara A. Burke Special Assistant Secretary		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DATE 4/20/09		Applied For Not Applicable	
NOTE: Registered Agent signature required when reinstating		Applied For Not Applicable	
FILE NOW!!! FEE IS \$277.00		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUN BAY HOLDINGS, LLC <input type="checkbox"/> Delete % CORPORATION TRUST CENTER, 1209 ORANGE ST WILMINGTON, DE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11/17/08-01057-019-\$138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. HAWKES <input type="checkbox"/> Delete MAY 14 2009	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400152125884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/23/09--01003--013 \$138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. HAWKES <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2008-09	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date 4-21-09 (561)802-3088	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

FILED
09 MAY 11 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202009 REIN-LLC CR2E101 (1/07)