


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000084545 1. Entity Name HLZ PROPERTIES, LLC	
---	---

FILE

2007 DEC 28 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 365 PIRATES BIGHT NAPLES, FL 34103	Mailing Address 365 PIRATES BIGHT NAPLES, FL 34103
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

11192007 REIN-LLC CR2E101 (1/07)

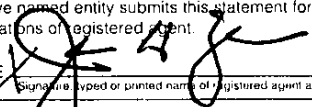
City & State Zip Country	City & State Zip Country
---------------------------------	---------------------------------

4. FEI Number 20-5454260	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent ZINK, HAROLD L 365 PIRATES BIGHT NAPLES, FL 34103	7. Name and Address of New Registered Agent Name James Zink Street Address (P.O. Box Number is Not Acceptable) 365 Pirates Bight City Naples FL Zip Code 34103
---	---

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.

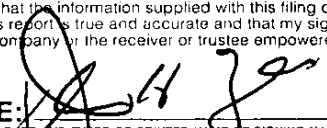
SIGNATURE  **James Zink** DATE **X 12/10/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	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 MGR NAME ZINK, HAROLD L STREET ADDRESS 365 PIRATES BIGHT CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME James Zink STREET ADDRESS 365 Pirates Bight CITY-ST-ZIP Naples, FL 34103	<input checked="" 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	<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	<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	<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	<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	<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:  **James Zink, Manager** DATE **X 12/10/07** 440-871-4022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #