

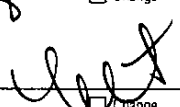
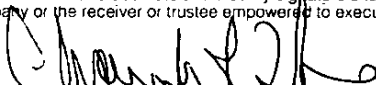


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 26 PM 2:29

<b>DOCUMENT # L06000084897</b> 1. Entity Name <b>KRATZ PROPERTIES LLC</b>					
Principal Place of Business <b>16774 PORT ROYAL CIRCLE JUPITER, FL 33477</b>			Mailing Address <b>16774 PORT ROYAL CIRCLE JUPITER, FL 33477</b>		
2. Principal Place of Business - No P.O. Box # <b>17374 E. Weaver Drive</b>		3. Mailing Address <b>17374 E. Weaver Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Aurora, CO</b>		City & State <b>Aurora, CO</b>		4. FEI Number <b>02112008 REIN-LLC CR2E101 (1/07)</b>	
Zip <b>80016</b>	Country <b>USA</b>	Zip <b>80016</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAPES, DANIEL K 4001 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>2/19/08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$377.50</b>			<b>Make check payable to Florida Department of State.</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KRATZ, GERALDINE T 16774 PORT ROYAL CIRCLE JUPITER, FL 33477</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Geraldine T. Kratz 17374 E. Weaver Drive Aurora, CO 80016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800118848408</b> <b>02/26/08--01027--018</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <b>07-08</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/12/08</b>		Daytime Phone # <b>(856) 914-2071</b>

Charles L. Winne, Esquire, Authorized Representative