



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000095681						SET DI 15 07 DEC 18 PM 1:14	
1. Entity Name CARDIFF LLC				Principal Place of Business 3717 CARDIFF ROAD CHEVY CHASE, MD 20815			
Mailing Address 3717 CARDIFF ROAD CHEVY CHASE, MD 20815							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		11152007 REIN-LLC CR2E101 (1/07)		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent	
Zip		Country		Zip		Country	
HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. NO. 1, 3RD FLOOR NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
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.							
SIGNATURE <i>Ellen L. Regency Esq on behalf of</i> <i>Therik Shaw + Pfaffenberger</i> <i>12/13/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Yardley Manfuso Appleby 3717 Cardiff Road Chevy Chase, MD 20815			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112416001 11/19/07--01043--002 <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: <i>[Signature]</i> Authorized Representative 11/15/07 561-627-8100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							