2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L060000992 1. Entity Name BLAU PROPERTY LLC		288		
Principal Place of Business Mailing Address 2506 N.W. 63RD LANE 2506 N.W. 63RD LANE BOCA RATON, FL 33496-2006 BOCA RATON, FL 33496-2006			6-2006	
2. Principal Place of Business - No P.O. Box # 3. Mailing Aduress				
Suite, Apt. #,	elc.	Suite, Apt. #, etc.		11062008 REIN-LLC CR2E101 (1/07)
City & State		City & State		4. FEI Number Applied For 20-5682456 FNot Applicable
Žip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Addr	dress (P.O. Box Number is Not Acceptable)
TALLAMASS	BEE, FL 32301-2525			
9. The observe per	and active submits this statement for	the purpose of changing its	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 Signature, Npod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulared when reinstating) DATE				
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50 Make check payable to Florida Department of State				
9.	MANAGING MEMBER		10.	ADDITIONS/CHANGES
NAME E STREET ADDRESS 2	MGRM BLAU, RONALD M 2506 N.W. 63RD LANE BOCA RATON, FL 334962006	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Change Addition 400138129914 11/20/0801014008 **238.75
NAME E STREET ADDRESS 2	MGRM BLAU, HENRIE W 2506 N.W. 63RD LANE BOCA RATON, FL 334962006	□ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AHASSE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	HERTATEMENT	2008	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 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: Land W Blan 11/1/108				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone 6				

DIVI OF CORPORATIONS

\$228,76