2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000107370

Entity Name: ANM PROPERTIES, LLC

City-St-Zip:

FILED Nov 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2215 NEBRASKA AVE STE 2E FT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 2215 NEBRASKA AVE STE 2E FT PIERCE, FL 34950 FEI Number: 20-8827932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRENNAN MANNA & DIAMOND PL 76 SOUTH LAURA STREET STE 2110 JACKSONVILLE, FL 32202 US 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. SIGNATURE: RANDAL C. FAIRBANKS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: (X) Change () Addition () Delete RASHID, AHMAD RASHID, AHMAD MANAGER Name: Name: 2215 NEBRASKA AVE STE 2E Address: 2215 NEBRASKA AVE STE 2E Address: City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34950 Title: Title: () Change (X) Addition () Delete Name: Name: RASHID, AHMAD MGRM Address: Address: 2215 NEBRASKA AVENUE, SUITE 2E City-St-Zip: City-St-Zip: FT. PIERCE, FL 34950 Title: () Delete Title: MRS. () Change (X) Addition RASHID, NUZHAT MEMBER Name: Name: 2215 NEBRASKA AVENUE, SUITE 2E Address: Address: City-St-Zip: City-St-Zip: FT. PIERCE, FL 34950 Title: () Delete Title: MRS. () Change (X) Addition Name: Name: SHAREEF, MEHR MEMBER Address: Address: 2215 NEBRASKA AVENUE, SUITE 2E City-St-Zip: City-St-Zip: FT. PIERCE, FL 34950 Title: () Delete Title: DR. () Change (X) Addition SHAREEF, BABAR MEMBER Name: Name: 2215 NEBRASKA AVENUE, SUITE 2E Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

FT. PIERCE, FL 34950

11/27/2007

SIGNATURE: AHMAD RASHID, MANAGER DR.