2008 LIMITED LIABILITY COMPANY REINSTATEMENT

2008 LIMITED LIABILITY COMPANY REINSTATEMENT						FILE		-
1. Entity Name	MENT # L07000007 PROPERTIES OF FLORID				2008 NO SECRE TALLAH	OV 20 PM	(型) で 212 2009	
Principal Place of Business 8508 LOCH RAVEN BLVD. SUITE E BALTIMORE, MD, 21286		Mailing Address 8508 LOCH RAVEN BLVD. SUITE E BALTIMORE, MD, 21286						
2. Principal Place of Business - No P.O. Box # Sulte, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State			10282008 F	REIN-LLC	CR2E101 (1/07)	piled For
Zip Country		Zip Country		~ · · · · · · · · · · · · · · · · · · ·	5. Certificate of	Status Desired	5.00 Add	
6. Name and Address of Current F		egistered Agont				ddress of New Re	Fee Required	<u>.</u>
NRAI SERVICES, INC.				Name Street Address (P.O. Box Number is Not Acceptable)				
SUITE 4	CUTIVE PARK DRIVE		200	n) ezenddA fec	P.O. Box Number i	s Not Acceptable)	 	
WESTON,	FL 33331	City			·····	FL Zip Code	9	
8. The above named entity submits this statement for the purpose of changing its register						In the State of Flori	"L '	
SIGNATURE					Secretary		11/7/08	
FIL	E NOW!!! FEE IS \$138.78 ary 1, 2009, Fee will by \$277.80	In accordance with s.	in accordance with s. 607.193(2)(b), F.S., the lability company did not receive the prior not				check payable to Department of State	
9.	MANAGING MEMBE		10.			ADDITIONS/C		TT SAME
TITLE HAWE STREET ADDRESS CITY-ST-ZIP	Stuart Berger The HAWthone	□ Delete	TITLE HAVE STREET ADOR CITY-ST-ZIP		800 11/17/0) 1 3 8 0 i 801057- 	099 28° -007 **138.	Addition 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAVE STREET ADDR CITY-ST-ZIP				☐ Change	Addition
TITLE HAME Street Address City-St-Zip		□ Delete	TITLE HAME STREET ADDR				☐ Change	☐ Addition
TITLE RANGE STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAVE STREET ADOP CITY-ST-ZIP				☐ Ctange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		STATE		Change OS	Addition
11. Thereby 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 empayered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: Stuart Blyle Stuart Berge 110/08 410-3343945								