



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000057700 1. Entity Name 4550 LANTANA LLC						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">08 NOV -4 PM 5:51</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 4550 LANTANA ROAD LAKE WORTH, FL 33463				Mailing Address 4550 LANTANA ROAD LAKE WORTH, FL 33463			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 901 Northpoint Pkwy Suite 200				
City & State Zip Country			City & State West Palm Beach, FL Zip Country 33407 USA				
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				10212008 REIN-LLC CR2E101 (1/07)			
6. Name and Address of Current Registered Agent GANS, HERMAN 4550 LANTANA ROAD LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Strategic Realty Services, LLC Street Address (P.O. Box Number is Not Acceptable) 901 Northpoint Pkwy Suite 200 City West Palm Beach FL Zip Code 33407			
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>[Signature]</i> _____ <i>10/23/08</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GANS, HERMAN 4550 LANTANA ROAD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 900137432979 10/30/08--01045--007 **238.75 </div> <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		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> REINSTATEMENT 2008 </div> <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 make this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: _____ <i>[Signature]</i> _____ <i>10/23/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							