


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000094608 1. Entity Name CARBRA MANAGEMENT, L.L.C.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 MAY 21 AM 10:34



Principal Place of Business 11586 QUAIL VILLAGE WAY NAPLES, FL 34119	Mailing Address 11586 QUAIL VILLAGE WAY NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04132009 REIN-LLC CR2E101 (1/07)

City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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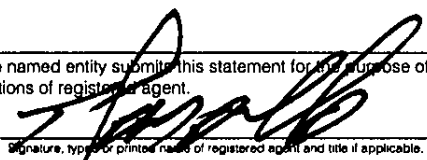
6. Name and Address of Current Registered Agent

CAROLLO, THOMAS
 11586 QUAIL VILLAGE WAY
 NAPLES, FL 34119

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:  DATE: 4-25-09

(NOTE: Registered Agent signature required when reinstating)

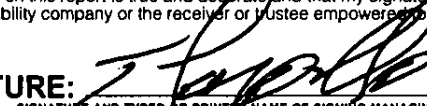
FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	CAROLLO, THOMAS	<input type="checkbox"/>
STREET ADDRESS	11586 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	MGR	<input type="checkbox"/>
NAME	BRANDWEIN, RICHARD E	
STREET ADDRESS	1 N. LASALLE STREET, #1450	
CITY-ST-ZIP	CHICAGO, IL 60602	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	100155460121 05/05/09--01037--020 ***377.50	
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: 5-25-09 DAYTIME PHONE: 813-221-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE