

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 21 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000101395		
1. Entity Name JENKINS REAL ESTATE HOLDINGS, LLC		

Principal Place of Business 12853 BANYAN CREEK DR FORT MYERS, FL 33908 US	Mailing Address 12853 BANYAN CREEK DR FORT MYERS, FL 33908 US
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2. Principal Place of Business - No P.O. Box # 339 Nahant Rd Suite, Apt. #, etc.	3. Mailing Address 339 Nahant Rd Suite, Apt. #, etc.
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City & State Nahant MA	City & State Nahant MA	4. FEI Number	Applied For Not Applicable
Zip 01908	Country USA	Zip 01908	Country USA

6. Name and Address of Current Registered Agent ISLAND FINANCIAL SERVICES, INC. 12853 BANYAN CREEK DR FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1031 REVERSE EXCHANGE COMPANY, LLC 12853 BANYAN CREEK DRIVE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl Jenkins 339 Nahant Road Nahant MA 01908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138048896 11/18/08--01027--007 **238.75 <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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08 AC <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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carl Jenkins 11/13/08 617 226 0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #