




# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L98000000120</b> 1. Entity Name <b>SUN GLO PROPERTIES, L.C.</b>						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);">             SECRETARY OF STATE              DIVISION OF CORPORATIONS  <b>06 FEB 14 AM 9:19</b> </div>	
Principal Place of Business <b>C/O JOHN A. MORAN, ESQ.          22 SOUTH LINKS AVENUE, SUITE 300          SARASOTA, FL 34236</b>				Mailing Address <b>C/O JOHN A. MORAN          P.O. BOX 3948          SARASOTA, FL 34230</b>			
2. Principal Place of Business <b>C/O John A. Moran, Esq.</b> Suite, Apt. #, etc. <b>1990 Main Street, Ste. 700</b>		3. Mailing Address Suite, Apt. #, etc. 					
City & State <b>Sarasota, FL</b>		City & State 		4. FEI Number <b>65-0818606</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34236</b>	Country <b>USA</b>	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GOETZ, SYLVESTER          216 FIESOLE STREET          VENICE, FL 34285</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOETZ, SYLVESTER 216 FIESOLE STREET VENICE, FL 34285 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000066837670</b> <b>02/28/06--01055--013 **200.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOETZ, ERIC 216 FIESOLE STREET VENICE, FL 34285 <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 <b>REINSTATEMENT 05-06</b>		
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		
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 redeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
<b>SIGNATURE:</b> 				<b>2/8/06</b> <b>941-586-6087</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			