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1. Limited Liability Company's Name

MALLOY AND DITKA BUILDING I, L.L.C.

03 SEP 25 AM 11: 28

SECNETARY CE STATE TALEAHASSEE FLORIDA

2. Principa	I Office Address	3. Mailing C	office Address			<u> </u>			
7955	Airport Road N.	Same			4. State/Country of Formation				
Suite, Apt. #	, etc.	Suite, Apt. #,	etc.		Florida/USA				
Suite	101				5. Date Organized or Qualified To Do Business in Florida .03/19/1999				
City & State		City & State	,		6. FEI Numbe		Applied For	_	
Naple	es, FL				57-10	79321	Not Applica		
Zip 34109	Country USA	Zip	Country		7. CERTIFICATE		Additional Fee req a Certificate of Stat		
		8. 1	lame and Address of	Current Registe	red Agent	<u> </u>			
	Name Antonio Faga, Street Address (P.O. Box Number is No. 7955 Airport In Suite, Apt. #, Etc. Suite 101 City Naples appointed the registered agent of the address in the suite In the suit	lot Acceptable) Road N.,	Suite 101			State Zip Code	95 **205. j0		
Signature o Registered	Agent Auf	EGISTERED AG	ENT MUST SIGN			Date <u>9/23/03</u>			
Titles	Name of Managing Members/Manag	ers	Street Address of Ea Managing Member/Mar						
					<u> </u>			_	
MGRM	MALLOY, Malcolm	II	2232 Shar	on Lane	<u> </u>	Charlotte, NC	28211		
								İ	
			2002-2003						
filing the all fees as if m . Signature o	y that I am managing member/manager. his reinstatement application the reason to be owed by the limited liability company has hade under oath. f Member/Manager	the receiver or r dissolution has re been pard. The	trustee empowered to been eliminated, the lin information indicated of	nited liability com on this application	pany name satisfie n is true and accura	ed for in chapter 608, F.S. I further is the requirements of section 608 ate, and my signature shall have to be a section 608 ate.	3.406, F.S., and tha the same legal effe	it ct	
Typed or pr	inted name of signing Managing Membe	/Manager A	ntonio Fag	a, atto:	rney-in-	fact		_ [