PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAB OMPAN' ISTATEM	Y			Secretar	TMENT OF STATE y of State corporations		20	FILE		18	
DOCUMENT # L9900 000 7965 1. Limited Liability Company's Name CIRRUS PROPERTIES, LLC								יעוט גז	IJION OF COF ALLAHASSEE	RPORAT E, FLOR	IONS IDA	
2. Principal Office Address				3. Mailing Office Address								
6151 Pelican Bay Blvd. Suite, Apt. #, etc.				Suite A-4 H -4-			4. State/Country of Formation FL.					
#34				Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida 11/18/1999					
City & State Naples, FL			City & State			6. FEI Number 65-0961728 Applied For Not Applicable						
^{Zip} 34108	Country 108			Zip		Country	7. CERTIFICATI	E OF STATUS	DESIRED 55.00		Fee required	
8. Name and Address of Current Registered Agent 50002683 4385												
	Name David M. Knopke						01/13/0401027025 **175.00					
•	Street Address (P.O. Box Number is Not Acceptable) 6151 Pelican Bay Boul							evard				
	Suite, Apt. #, Etc. #34											
	City Naples						State FL	Zip Code 34108				
9. I, being	appointed the	registered	agent of the abo	ve named limite	d liability co	mpany, am familiar with and	accept the obliga	tions of Cha	pter 608, F.S.			
Signature of Registered Agent												
10. Name	es and Street A	Addresses	of Managing Men	nbers/Managers	;	···						
Titles	Name of Managing Members/Managers				Street Address of Each Managing Member/Manager			City / State / Zip				
Mangr	David M. Knopke				6151 Pelican Bay Boulevard			Naples, FL 34108				

REMSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstalement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _ ope.

ate 1-09-04 Daytime Phone #

913-568-4321

Typed or printed name of signing Managing Member/Manager

David M. Knopke, Manager

CRZE041 (10/02