


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000008940		
1. Entity Name ALLEN FAMILY HOLDINGS, L.L.C.		

Principal Place of Business 1674 SABAL PALM DRIVE SANIBEL ISLAND, FL 33957	Mailing Address 1674 SABAL PALM DRIVE SANIBEL ISLAND, FL 33957
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4708 Eastwood Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Minnetonka, MN	City & State
Zip 55345	Country USA

6. Name and Address of Current Registered Agent	
ALLEN, WILLIAM M II 1674 SABAL PALM DRIVE SANIBEL ISLAND, FL 33957	

11052008	REIN-LLC	CR2E101 (1/07)
4. FEI Number 65-1018940	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

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 William M. Allen II	DATE 11/14/08

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	MGR ALLEN, WILLIAM M II 1674 SABAL PALM DRIVE SANIBEL ISLAND, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500138073545 11/19/08--01013--006 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, ADALINE H 1674 SABAL PALM DRIVE SANIBEL ISLAND, FL 33957 <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	MGR ALLEN-SHINKLE, ADALINE 4708 EASTWOOD CIRCLE MINNETONKA, MN 55345 <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
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Adaline A. Shinkle	DATE: 11/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #: 239-472-4253

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

