


M00000001863

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001863

1. Limited Liability Company's Name
NORTHEAST PLAZA VENTURE I, LLC

DK

2. Principal Office Address 1345 Main Street		3. Mailing Office Address 1345 Main Street	
Suite, Apt. #, etc. Suite C2		Suite, Apt. #, etc. Suite C2	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34236	Country USA	Zip 34236	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 09/12/2000	
6. FEI Number 52-2263793	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

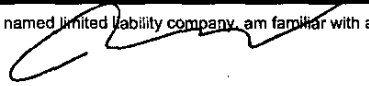
Name: JOHNSON S. SAVARY, JR. c/o Dunlap & Moran, P.A.

Street Address (P.O. Box Number is Not Acceptable): 22 South Links Avenue

Suite, Apt. #, Etc.: Suite 300

City: Sarasota State: FL Zip Code: 34236

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

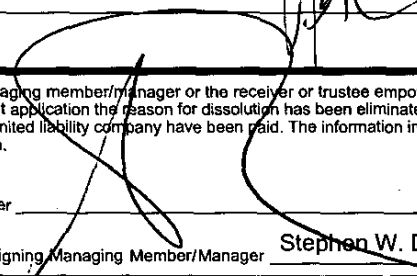
Signature of Registered Agent:  Date: 10-27-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	17TH STREET ASSOCIATES, LLC	1345 Main Street, Suite C2,	Sarasota, FL 34236
REINSTATEMENT 2004			
530042441535 11/03/04--01048--004 **150.00			

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 reinstatement 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:  Date: 10/27/04 Daytime Phone#: 941-321-8039

Typed or printed name of signing Managing Member/Manager: Stephen W. Dore, Manager, 17th Street Associates, LLC

CR2E041 (10/02)