

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 19 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M01000001412	
1. Entity Name CHRISTOPHER RANCH, LLC	

Principal Place of Business 305 BLOOMFIELD AVENUE GILROY, CA 95020	Mailing Address 1610 S.W. 5TH COURT POMPANO BEACH, FL 33069
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 305 Bloomfield Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Gilroy CA 95020	
Zip	Country	Zip	Country
		95020	USA

11072008 REIN-LLC CR2E101 (1/07)

4. FEI Number 94-1325578	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHRISTOPHER, WILLIAM A 1610 S.W. 5TH COURT POMPANO BEACH, FL 33069

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 <i>W.A. Chute</i>	DATE 11-14-08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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	MM CHRISTOPHER, WILLIAM A 305 BLOOMFIELD AVENUE GILROY, CA 95020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800138048798 11/18/08--01027--005 **138.75 <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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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: <i>W.A. Chute</i>	DATE 11-14-08 DAYTIME PHONE # 708 847-1100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	