

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 24 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000001805

Name and Mailing Address

0016290 01 MB 0.309 \*\*AUTO TO 0 0615 45202-106405



~~C.P. FT. LAUDERDALE & COLUMBUS, LLC~~  
250 WEST COURT STREET, SUITE 200-E  
CINCINNATI OH 45202-1064

Name changed to C.P.-200-300 W. BROWARD, LLC on  
9/22/03



2. New Mailing Address		4. State/Country of Formation OH	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/11/2002	
Principal Place of Business 250 WEST COURT STREET, SUITE 200-E CINCINNATI OH 45202	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3698779	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box-Number-Street-Address) 300024283213 10/30/03-01023-018-0150.00 City FL Zip Code	
10. 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 <i>Susan J. Metzger</i> <b>SIGNATURE REQUIRED</b> <i>Susan J. Metzger</i> Date <i>10-20-03</i> REGISTERED AGENT MUST SIGN <b>Assistant Secretary</b>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHAVEZ, MANUEL	250 WEST COURT STREET, SUITE 200-E	CINCINNATI OH 45202
MGRM	CHAVEZ, ROBERT	250 WEST COURT STREET, SUITE 200-E	CINCINNATI OH 45202
MGRM	CHAVEZ, MARTIN A	250 WEST COURT STREET, SUITE 200-E	CINCINNATI OH 45202
12. 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.			

REINSTATEMENT 03 dec

12. 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 *Manuel Chavez* **SIGNATURE REQUIRED** Date *10/20/03* Daytime Phone # *513-241-0429*

Typed or printed name of signing Managing Member/Manager



October 20, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: C.P.-200-300 W. Broward, LLC**

Dear Sir or Madam:

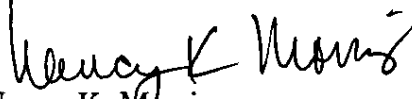
Enclosed please find the Application for Reinstatement for C.P.-200-300 W. Broward, LLC which states the entity was dissolved on 9/26/03 along with our check in the amount of \$150 for the filing fee. Please be aware that this entity's name was changed from C.P.-Ft. Lauderdale & Columbus, LLC to its new name on September 22, 2003 as shown on the attached certificate dated 9/29/03.

We apologize for the delay in filing this report. When we received the Certificate of Good Standing for the name change on September 29<sup>th</sup>, we assumed all filings were up to date.

If you have any questions, please contact the undersigned 513-241-0429.

Sincerely,

CHAVEZ PROPERTIES

  
Nancy K. Morris  
Administrative Assistant

Nkm  
Enc.