


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

Jan 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # M03000001246					
1. Entity Name CIVIC DESIGN ASSOCIATES, LLC					
Principal Place of Business 2136 KIPLING STREET HOUSTON, TX 77098			Mailing Address 2136 KIPLING STREET HOUSTON, TX 77098		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0695551	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, CHRISTOPHER J 75 NE 6TH AVENUE, SUITE 215 DELRAY BEACH, FL 33483			Name <u>Brown, Christopher J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>218 NW 9th Street</u> City <u>Delray Beach</u> FL Zip Code <u>33444</u>		
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 <u>[Signature]</u>			DATE <u>1.3.06</u>		
FILE NOW!!! FEE IS \$100.00			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
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, JAMES D 2136 KIPLING STREET HOUSTON, TX 77098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300064058793 01/19/06--01027--014 **105.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, PETER H 2136 KIPLING STREET HOUSTON, TX 77098	<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 BROWN, CHRISTOPHER J 75 NE 6TH AVENUE, SUITE 215 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR BROWN, CHRISTOPHER J 218 NW 9TH STREET DELRAY, BEACH FL 33444	
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	
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 REINSTATEMENT 05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u>			DATE <u>1/3/06</u> 713-520-6606		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					