

OCT 27 2006 12:55 PM PM PREMIER CORP SERVICE

NO. 4464 P. 2
Unders. Att 858 842 1829

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M03000002567

1. Limited Liability Company's Name

LORAMY PROPERTIES, LLC

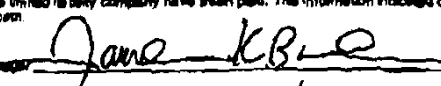
CR2E041 (8/06)

2. Principal Office Address 1371 TIROL DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 15822 LIME GROVE ROAD Suite, Apt. #, etc.		4. State/Country of Formation NEVADA, USA	
City & State INCLINE VILLAGE NV		City & State POWAY, CA		5. Date Organized or Qualified To Do Business in Florida July 2003	
Zip 89451	Country USA	Zip 92064	Country USA	6. FEI Number 88-0449387	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒					

8. Name and Address of Current Registered Agent	
Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Nine	
Suite, Apt. #, Etc. Suite 4	
City Weston	State / Zip Code FL 33331

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent 	Date 10/30/2006
REGISTERED AGENT MUST SIGN Jack R. Sarmen, ASST. SEC.	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LAURELANN K BUNDENS	15822 LIME GROVE ROAD	POWAY, CA 92064
MGRM	ARMY MOORHOUSE	2451 CUMBERLAND PKWY	ATLANTA, GA 30339
			900081402139
			10/31/06--01084--004 *\$150.00
			900081402139
			10/31/06--01084--005 *\$50.00
			900081402139
			10/31/06--01084--005 *\$55.00
REINSTATEMENT 2004-06			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for delinquency has been eliminated, the limited liability company name satisfies the requirements of section 605.406, 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 10/25/06
Typed or printed name of signing Managing Member/Manager LAURELANN K. BUNDENS	

Daytime Phone # 858.335.1052