

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000000768

Entity Name: REVX-216 LLC

FILED
Oct 17, 2005
Secretary of State

Current Principal Place of Business:

180 MONTGOMERY STREET, SUITE 600
SAN FRANCISCO, CA 94104

New Principal Place of Business:

625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

Current Mailing Address:

180 MONTGOMERY STREET, SUITE 600
SAN FRANCISCO, CA 94104

New Mailing Address:

625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

NASH, THOMAS C II
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 US

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.

SIGNATURE: THOMAS C. NASH, II ESQ.

10/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REVERSE EXCHANGE SER, VICES, INC.
Address: 180 MONTGOMERY STREET, SUITE 600
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILTON, MARK A
Address: 540 LIDO DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK A. WILTON

MGR

10/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date