

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 NOV 10 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



DOCUMENT # M04000002763		
1. Entity Name TROY NEVADA, LLC		

Principal Place of Business 5761 SEMINOLE WAY FORT LAUDERDALE, FL 33314	Mailing Address 5761 SEMINOLE WAY FORT LAUDERDALE, FL 33314
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2. Principal Place of Business	3. Mailing Address 520 S. Fourth Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2nd Floor
City & State	City & State Las Vegas, NV
Zip	Country
Country	Zip 89101
	US

10212005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-0507729	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 TERMINELLO, LOUIS J ESQ. TERMINELLO & TERMINELLO, P.A. 2700 S.W. 37TH AVENUE MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00	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	MGRM BROWN, DAVID 520 SOUTH FOURTH STREET LAS VEGAS, NV 89101 <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
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11/16/05--01050--001 **150.00

REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify 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 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: David T. Brown David T. Brown 10/24/05 702-598-1406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #