

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # M05000000139					
1. Entity Name CRYSTAL TREE MEZZANINE, LLC					
Principal Place of Business 1201 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408			Mailing Address 1201 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		02142007 REIN-LLC CR2E101 (1/07)	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILLEY, V. DONALD ESQ 860 U.S. HIGHWAY ONE, SUITE 108 NORTH PALM BEACH, FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity admits 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		V. DONALD HILLEY, REG. AGENT		2/15/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
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	MGRM CHESSER, MICHAEL 300 ESPLANADE DRIVE, SUITE 210 OXNARD, CA 93036		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:		V. DONALD HILLEY		2/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



02142007 REIN-LLC CR2E101 (1/07)

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

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 HILLEY, V. DONALD ESQ
 860 U.S. HIGHWAY ONE, SUITE 108
 NORTH PALM BEACH, FL 33408

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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SIGNATURE **V. DONALD HILLEY, REG. AGENT** **2/15/07**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: **V. DONALD HILLEY** **2/15/07** **561-627-0009**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #