


**2006 LIMITED LIABILITY COMPANY  
-REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:13

**DOCUMENT # M05000002246**

1. Entity Name  
VIZCAYA HOMES, LLC



Principal Place of Business  
640 N. OLD WOODWARD  
SUITE 302  
BIRMINGHAM, MI 48009

Mailing Address  
640 N. OLD WOODWARD  
SUITE 302  
BIRMINGHAM, MI 48009

2. Principal Place of Business  
1520 Royal Palm Sq. Blvd.  
Suite, Apt. #, etc.  
Suite #210

3. Mailing Address  
1520 Royal Palm Sq. Blvd.  
Suite, Apt. #, etc.  
Suite #210



10252006 REIN-LLC CR2E101 (11/05)

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip 33919 Country USA

Zip 33919 Country USA

4. FEI Number  
20-2673488

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NORTON, SAM D  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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  Steven P. Adler, Authorized Agent 10-25-06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2007, Fee will be \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIN, DAVID C 640 N. OLD WOODWARD BIRMINGHAM, MI 48009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400091658844 11/09/06--01033--012 **155.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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:  Steven P. Adler, Authorized Rep. 10/25/06 739-790-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #