## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						FII	Eti		
DOCUMENT # M05000002252					] ,	FIL SECRETAR DIVISION OF C	OF STATE		
1. Entity Name     VIZCAYA MANAGER, LLC			ļ		,	ne	UKPURATIO	NS	
}						06 NOV -9	PH 11: 11:		
Principal Place	e of Business	Mailing Address			-		•		
640 N. OLD WOODWARD		640 N. OLD WOODWARD Suite 302			1				
SUITE 302 Birmingham, mi 48009		BIRMINGHAM, MI 48009			i apiai aliii orii: esiii asiii i	FBM BBM MBM 11801 BM	# 114 BP4 MI 4Bb4		
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		1520 Royal Palm Sq. Blvd. Suite, Apt. #, etc.			, BB(3) A(1)† BB(1) BB(1) BB(1)	IONI KACIN XININ LINGI CIN	9 ()   E		
Suite#210		Suite #210		10252006	006 REIN-LLC CR2E101 (11/05)				
City & State Fort Myers, FL		City & State For+ Myers FL		FL	4, FEI Numb			Applied For Not Applicable	
Zip 33919 Country USA		Zip 33919 Count			5. Certificate of Status Desired		\$5.00 Additional Fee Required		
	6. Name and Address of Current I	<u> </u>			7. Name and Address of New Registered Agent				
NORTON,	Name								
1819 MAIN STREET				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 610 SARASOTA, FL 34236									
$\bigcirc \bigcirc \bigcirc \bigcirc$				City	FL Zip Code				
8. The above named entry subports/this systement 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.									
1 All Seven O Adlor A thorized in 15 cm									
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature réquired when reinstating)  OATE  OATE									
FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to									
After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior not						tice. Florida Department of State			
9.	· MANAGING MEMBE		10.		_	ADDITIONS/C			
TITLE NAME	RUBIN, DAVID C	☐ Delete	TITLE NAME	i		1000819			
STREET ADDRESS CITY-ST-ZIP	,		•	et address -St-zip	11/09/0601033009 **155.00				
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TITLE NAME		☐ Delete	TITLE NAME				☐ Chan	e Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADORESS - ST - ZIP					
11. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exe	mptions contained	in Chapter 119	Florida Statutes. I furt	her 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: Steven P. Adler, Authorized Rep. 10/25/06 239 790 0004									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORMED MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Disjurg Priore #									